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Financial Feasibility Assessment Manual for Rural Health Care Facilities

Volume 2

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APPENDIX
FINANCIAL FEASIBILITY ASSESSMENT MANUAL
FOR
RURAL HEALTH CARE FACILITIES

Volume II

OCTOBER 1983

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CASE STUDY FOR AN ADULT DAY CARE CENTER COMMUNITY HOSPITAL

GENERAL CHARACTERISTICS OF REGIONAL CENTRE

Community Hospital is a 100-bed hospital

located in Denver, Virginia. It is a

teaching hospital with 115 beds and a staff of

medical residents.

Our committee has studied the

I. CASE STUDIES

1. Comparing the present situation
in community hospital with

2. Improving physical facilities

3. Improving, reorganizing, and
restructuring

4. Improving personnel and
services

5. Improving administrative

Finally, the hospital has 100 beds and a staff of

and giving the facility a new quality

of service and a new image

space and the new image

four of the major space

CASE STUDY FOR AN ACUTE CARE HOSPITAL
COMMUNITY HOSPITAL

GENERAL DESCRIPTION OF PROGRAM (NOTE 1)

Community Hospital is a 56-bed acute care facility located on the outskirts of Garrett, Virginia. The City of Garrett is located near Harrington (approximately 30 miles northeast) and has strong ties to the medical community.

The construction program will consist of:

- 1) renovating the present pediatric unit and expanding the unit to accommodate four additional pediatric beds;
- 2) constructing physical therapy facilities;
- 3) remodeling, relocating, and expanding ancillary service areas;
- 4) upgrading mechanical and utility support services to State standards; and
- 5) expanding administrative areas.

Presently, the Hospital has 27,900 gross square feet of floor area with most patient care and ancillary services located on a single floor. As a result of the construction program, approximately 14,000 square feet of new space will be added to the current facility, and approximately 3,850 square feet of the current space will have been remodeled.

The present construction schedule calls for the completion of the new additions for ancillary and bed facilities prior to any conversion or remodeling of the present facilities. The plans call for the commencement of construction in March, 1984 and the completion of the project by April, 1985.

A summary of the existing and the proposed bed complement is:

	<u>Existing Facilities</u>	<u>After Expansions</u>
Medical and Surgical	47	47
Pediatric	4	8
Obstetric	5	5
TOTAL	<u>56</u>	<u>60</u>

A summary of the anticipated source and uses of funds is:

Source of funds:

Mortgage loan from the Farmers Home Administration	<u>\$1,190,000</u>
---	--------------------

Uses of funds:

Construction costs:

- Building and fixed equipment	\$842,700	
- Fixtures	149,200	
- Major movable equipment	30,000	
- Office furniture and equipment	<u>2,500</u>	1,024,400
Architectural fees		84,000
Professional fees (legal and consulting)		38,500
Clerk of works		10,000
Permits, fees		700
Interest during construction		<u>25,700</u>
		1,183,300

Excess of source over uses	<u>6,700</u>
	<u>\$1,190,000</u>

The Hospital has received bids of \$992,700 for the cost of construction, building materials, fixed equipment, and fixtures. Costs for major movable and office equipment are estimates provided by vendors. Acquisition of these items can be delayed with only minor impact on the construction program.

ASSESSMENT OF DEMAND (NOTE 2)

The patient day forecasts underlying the financial forecasts result from analysis of utilization trends, physician availability, physician practice modes, support for the program, expansion plans of other hospitals, service area population growth, patient origin trends, and area use-rate trends.

During 1978 and 1979, the Hospital demonstrated a growth trend in the utilization of its services. For fiscal years 1980 and 1981, the Hospital experienced a decline in occupancy, followed by an increase for 1982, as shown by the following statistics:

<u>Fiscal Year</u>	<u>Beds</u>	<u>Average Daily Census</u>	<u>Percent Occupancy</u>	<u>Admissions</u>	<u>Patient Days</u>	<u>Average Length of Stay</u>
1978	57	39.80	69.8	2,079	14,527	7.0
1979	57	43.76	76.8	2,349	15,974	6.8
1980	56	40.81	72.9	2,339	14,894	6.4
1981	56	36.74	65.6	2,070	13,411	6.5
1982	56	36.79	65.7	2,122	13,427	6.3

The decline in patient days during 1980 and 1981 can be explained by two factors:

1. Two physicians reduced the size of their practices, although they do not plan any further reductions. Another physician temporarily reduced his practice size during 1980 and 1981 but has now resumed an active practice.
2. A Professional Service Review Organization (PSRO) was established. The PSRO activities resulted in a reduction in the average length of stay.

The primary service area of a hospital is defined as the

geographical area where a majority of a hospital's inpatients reside. This area is normally determined by factors such as the number of other hospitals in the general area, affiliation of the family physician, and the extent of hospital services offered. A hospital's service area may be shared with other hospitals. In addition, some people within a region seek hospital care in distant or remote areas (outmigration), just as people living outside a region use the hospitals located within it (immigration). However, the primary obligation of a hospital is to serve the people within its primary service area.

The majority of Community Hospital's patients are from Camden and Milford counties. People in these counties are also served by five other facilities. Camden County Memorial (Camden), United Methodist Hospital (UMH), Westchester, Harding Memorial (HMH), and Two-County Memorial (TCMH). Because of their proximity to Harrington, patients from Camden and Milford counties also seek hospital care in the larger metropolitan hospitals.

In order to determine if there have been any recent changes in patient origin, a patient origin profile was developed for Community Hospital for the years 1976 to 1981. This profile revealed that patient origin patterns have been essentially stable. The results of this profile were very similar to results of a patient origin study that was done by the State Hospital Association in 1975. This was the last patient origin study performed in the State that included essentially all hospitals within its boundaries.

Data for all patient days in all hospitals in the surrounding

area were examined in order to determine whether Community Hospital's market share has changed during the past few years. According to that data, Community Hospital's portion of patient days has been relatively stable. The decline in 1980 and 1981 was attributed to physicians at Community Hospital reducing their practice size. Also, one hospital was excluded from this analysis because 1) the occupancy declined by over 60 percent in recent years, and 2) it is not a significant competitor of Community Hospital. The following market share data was reviewed:

PATIENT DAYS			
Calendar Year	Community Hospital	Five Hospitals (Including Community Hospital)	Community Hospital Percent To Total
1976	14,551	76,430	19.0
1977	14,561	73,747	19.7
1978	14,527	74,095	19.6
1979	15,974	73,447	21.7
1980	14,894	70,015	21.3
1981	13,120	70,998	18.5

Camden and Milford counties have experienced population gains during the past decade. Published population projections indicate these counties will continue to grow, but not as fast as prior to 1981.

Population data for these counties are:

	1976 Census	Estimated 1981 (Note a)	1976-1981 % Growth	Estimated 1981-1986 % Growth	Forecasted 1986 (Note b)
Camden County	45,848	49,261	7.4%	6.2%	52,339
Milford County	253,055	282,522	11.6	6.5	301,000

Note a - Population estimates developed by the Northwest State Regional Planning Council.

Note b - 1986 population figures projected by the Research Program of the State Bureau of Program Planning.

There are seven physicians on the active medical staff, all general practitioners, who are responsible for all patient admissions. Specialty medical services are provided by eleven consulting physicians, who are associated primarily with hospitals in Harrington. The average age

of the seven admitting physicians is 52. Excluding an 80 year old physician, the average is 48. Six of the seven admitting physicians have been on the medical staff for five years or more. The other physician has been on the staff for four years.

A confidential survey was sent to all members of the medical staff. The objectives of the survey were to:

- Determine trends in the practices of individual admitting physicians. (This information influenced the forecasted occupancy for the first full year of operation for the expanded and remodeled facility.)
- Gather information and comments from both admitting and consulting physicians concerning their attitudes toward the construction program.

Personal interviews were conducted with the active staff physicians to discuss the information included in their questionnaires. The physicians in charge of the laboratory and radiology departments were also interviewed.

The highlights of the physician survey were:

1. The doctors of Community Hospital do not plan to shift their practices to other facilities. The physicians who reduced their practice volumes in previous years do not expect further reductions.
2. The estimated demand for inpatient services during 1986, according to the physicians, is an average daily census of 39.1, or 65 percent occupancy. These estimates were reviewed and, in certain cases, adjusted to reflect the physician's past experience, impact of PSRO utilization review, and any pertinent information obtained during the interviews.
3. Volume of ancillary services will show little increase until new laboratory equipment is purchased and the physical therapy unit is completed.

4. The construction of a physical therapy unit is strongly supported by all admitting physicians. All physicians thought this much-needed facility would be advantageous for both inpatients and outpatients. Because of the physicians' interest and support, active use of the physical therapy unit is forecasted for 1986. For that year, the forecasted usage is approximately 3,200 units of service, although utilization will depend on the availability of a trained physical therapist.

The State Department of Public Health prepares an annual plan for acute care facilities entitled the State Plan for Hospital and Medical Facilities Construction. In this plan, the primary service area of Community Hospital consists of Camden and Milford Counties. The forecasted demand for acute care beds is 300 in 1986 versus 307 planned beds (including the four additional beds planned for Community Hospital). None of the other hospitals in the area plan to add beds during the next four years. Planned construction programs are limited to ancillary and support services.

Clearly, no single factor can be used to forecast utilization. However, based on all of the previously mentioned factors, the Hospital is forecasted to experience a moderate increase in patient days.

Forecasted patient days and occupancy are:

<u>Fiscal Year</u>	<u>Average Beds Available</u>	<u>Average Daily Census</u>	<u>Percent Occupancy</u>	<u>Admissions</u>	<u>Patient Days</u>
1984	56	37.2	66.5	2,157	13,590
1985	58	37.7	65.0	2,186	13,770
1986	60	38.2	63.7	2,214	13,950

Based on trend analysis, interviews with physicians, and changes in the Hospital's programs, the units of service for key ancillary departments are forecasted to be:

	<u>Laboratory Procedures</u>	<u>Radiology Exams</u>	<u>Inhalation Therapy Treatments</u>
<u>Actual</u>			
1981	34,622	6,969	6,071
1982	36,594	7,970	5,879
<u>Forecasted</u>			
1983 (includes 6 months actual)	37,100	8,800	6,700
1984	39,300	9,100	7,000
1985	41,900	9,500	7,100
1986	42,300	9,600	7,200

The primary cause of the significant increase in laboratory procedures is the increased array of tests that will be available. The major tests which will be available by 1984 are determination of blood gas levels, protein electrophoresis and measurement of isoenzymes and thyroxin levels. The forecasted statistics include both inpatient and outpatient activity.

PATIENT SERVICE REVENUES (NOTE 3)

Gross patient service revenues of the Hospital have been forecasted according to the charge structure assumed to be in effect during the forecast period. Average revenues per inpatient day for routine and special services have been forecasted to increase to \$270 in 1986 from a level of \$220 in 1983. This represents an increase of about 23% over the next three years.

The forecasted increase in rates reflects the increases in operating expenses set forth in this analysis, the impact of additional interest expense and depreciation charges arising from the modernization and expansion program, and the established charging policy of the Hospital.

ALLOWANCES AND UNCOLLECTIBLE ACCOUNTS (NOTE 4)

Contractual allowances represent the difference between charges billed and amounts received under the provisions of cost reimbursement programs. Contractual allowances associated with Medicare, Medicaid, and Blue Cross revenues have been estimated based on the changing principles of reimbursement and terms of contracts which will likely be in effect with each of the third-party payors.

Medicare reimbursement regulations (set forth in Title VI of the 1983 Social Security Amendments) provide for prospective reimbursement according to diagnostic-related groups (DRGs). Consequently, the Section 223 cost per case limits for all hospitals have been repealed. We have estimated the Hospital's Medicare revenue for the three year period ending on March 31, 1986 by

- 1) applying the case-mix intensity index to our historical costs per discharge in order to determine our hospital's annual cost - based payment and
- 2) applying the DRG prices released on October 1, 1983 to our projected case mix (which is based on our historical and current case mix.) For each of the forecasted years, a projected inflation rate was applied.

Based on our revenue forecasts and charging policy, it appears that the contractual allowances associated with Medicare reimbursement will remain unchanged during the three year forecast period. However, because there is a strong possibility that further legislation will be enacted during this period, our forecasted revenues and associated contractual allowances will be subject to change. In addition, although we anticipate an overall increase in occupancy, we recognize that the Hospital will be eligible for monetary compensation should inpatient utilization decline by more than

five percent over the previous cost reporting period due to circumstances beyond our control.

The Blue Cross Plan which reimburses Community Hospital continues to reimburse retrospectively, as it has during the past several years. The limit on reimbursable costs which it has established for the calendar year 1983 is 110 percent of 1982 inpatient costs, adjusted for volume increases, malpractice insurance increases, and depreciation and interest expense associated with approved capital expansion. Although there is a possibility that this Blue Cross plan may convert to prospective reimbursement by the end of FY 1984, our forecast was made under the presumption that retrospective reimbursement will be continued throughout the forecast period. Consequently, our forecasts may need to be revised should the change in reimbursement take place.

The state legislature of Virginia enacted legislation in July of 1982 which established a prospective reimbursement methodology to be used by the state Medicaid agency. Prospective rates for FY 1984 will be based upon the allowable audited costs for FY 1983, adjusted for recently designated unallowable costs, education costs, and inflation. This legislation went into effect in July of 1982 and will be effective throughout our forecast period. Hospital management has evaluated the potential impact of this legislation and has determined that future revenue losses to the facility will be immaterial.

Provisions for losses on uncollectible patient accounts have been included in the forecasts at approximately 1.3 percent of gross revenues.

OTHER OPERATING REVENUES (NOTE 5)

Other operating revenue includes forecasted revenue from cafeteria sales, sale of supplies and drugs to non-patients, and miscellaneous sources. The amounts have been estimated according to historical experience, adjusted for expected volume and price changes.

OPERATING EXPENSES (NOTE 6)

Staffing requirements were developed based on present staffing patterns of the Hospital adjusted for the enlarged facility and forecasted operating levels. The forecasts include the following full-time equivalent employees (FTEs), total wages, and average annual wages per employee:

	<u>Actual 1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
FTE's	92	93	94	94
Total wages	\$795,058	\$864,900	\$940,000	\$1,005,800
Average wage	8,652	9,300	10,000	10,700
FTE's per occupied bed	2.51	2.50	2.49	2.46

Estimated expenses for salaries and wages were based on these staffing requirements and wage rates currently in effect, adjusted to reflect annual wage increases of approximately 7.5 percent.

Fringe benefits and payroll taxes have been estimated according to the Hospital's past experience and forecasted changes. They are forecasted to rise from the 1983 level of 2.4 percent for fringe benefits and 6.7 percent for payroll taxes to 3.1 percent and 12.75 percent, respectively, by 1986.

Supplies and other expenses for each department were developed according to forecasted departmental units of service and unit costs. With the exception of malpractice insurance, unemployment compensation insurance, and utility costs, unit costs of other items to be purchased have been forecasted to increase at approximately 8 percent per year. Malpractice insurance expense was based on current rates and estimates of probable increases, which were provided by the Hospital's insurance carrier. Although malpractice insurance expense increased by about 600 percent during the mid 1970s, it is forecasted to increase an average of 20 percent per year during the forecast period. Utility costs were forecasted to increase at 18 percent per year during the forecast period. Unemployment compensation, included in payroll taxes, is expected to increase about 200 percent during 1984 due to staff cutbacks during 1983. However, subsequent periods should not show any significant increases.

PROVISIONS FOR DEPRECIATION OF BUILDING AND EQUIPMENT (NOTE 7)

Depreciation on buildings, fixed equipment, remodeling and movable equipment relating to the new and remodeled facilities has been provided in the financial forecasts using the straight-line method and the following estimated useful lives:

Building and improvements	40 years
Fixed equipment	20 years
Movable equipment	10 years

Depreciation on existing property, plant and equipment has been provided in accordance with established useful lives, also using the straight-line method.

The forecasts presume that the Hospital will enter into a mortgage loan agreement with the Farmers Home Administration (USDA). Payments on the mortgage loan are scheduled to commence on January 1, 1984. The interest and principal payments have been computed based on an estimated interest rate of 5 percent, a 40 year maturity, and level debt service.

Funds during the construction period will be provided by the Farmers Home Administration for costs actually incurred, up to the approved maximum amount. Interest expense incurred during the construction period and amounting to \$25,700 has been capitalized as part of the cost of the facility.

The proposed loan agreement between the Farmers Home Administration and the Hospital requires, in part:

(a) General Account

"As soon as the Facility becomes revenue producing, the gross revenues and other income, if any, shall be set aside in a separate account to be designated as the General Account, and disbursements and transfers from this account shall be made in the following manner:

Borrowers making monthly FmHA Debt Service Payments shall use the General Account for making such payments plus operating and maintenance expenses. Also, funds from this account will be transferred to the Reserve Account in accordance with the following section.

(b) Reserve Account

From the remaining funds in the General Account, after transfers and payments required in (a) have been made, there shall be set aside into an account designated as the Reserve Account the sum of \$422.00 each month until there is accumulated in that account the sum of \$50,535.00 after which deposits may be suspended, except to replace withdrawals. When necessary, disbursements may be used for payments due on the note if sufficient funds are not available in the General or Debt Service Account. With the prior written approval of the Government, funds may be withdrawn for:

- (1) paying the cost of repairing or replacing any damage to the Facility which may have been caused by catastrophe.
- (2) making extensions or improvements to the Facility.

Whenever disbursements are made from the Reserve Account, monthly deposits shall then be resumed until there is again accumulated the amount of \$50,535.00, at which time deposits may be discontinued. Whenever there shall accumulate in the General Account amounts in excess of those required in sections (a) and (b), such excess may be used by the organization to make prepayments on the loan.

The accounts required in sections (a) and (b) may be established and maintained as bookkeeping accounts or as separate bank accounts at the election of the organization, unless otherwise directed by the Government.

CURRENT ASSETS AND CURRENT LIABILITIES (NOTE 9)

Accounts receivable, inventories, prepaid expenses, accounts payable, accrued salaries and wages (and amounts withheld therefrom), and advances from third-party payors were estimated from the Hospital's historical ratios and are summarized below:

- Accounts receivable, less contractual allowances
 - 1984 - 100 days of net patient service revenues
 - 1985 - 90 days of net patient service revenues
 - 1986 - 80 days of net patient service revenues
- Inventories - 7.5 percent of supplies and other expenses
- Prepaid expenses - 1.8 percent of supplies and other expenses
- Accounts payable - 60 days of supplies and other expenses, excluding insurance costs
- Salaries and wages and amounts withheld therefrom - 6.0 percent of salaries, wages, and fringe benefit expense
- Advances from third-party payors - 1.3 percent of total expenses.

STATEMENTS OF FORECASTED CASH FLOW

COMMUNITY HOSPITAL

Years Ending March 31,

	1984	1985	1986
Balance at beginning of period	\$ 41,700	\$ 64,400	\$ 102,100
Add cash provided from:			
Excess of revenues over expenses	12,300	15,500	26,200
Add items charged to operations not requiring cash:			
Depreciation	27,600	49,800	74,200
CASH PROVIDED FROM OPERATIONS AND NONOPERATING REVENUE	39,900	65,300	100,400
Increase in accounts payable and accrued expenses	2,800	32,700	12,800
Increase (decrease) in advances from third-party payors	(10,500)	3,000	2,500
Increase (decrease) in other liabilities	39,600	(39,600)	-0-
Proceeds from long-term borrowing	494,500	695,500	-0-
TOTAL CASH PROVIDED	566,300	756,900	115,700
TOTAL CASH AVAILABLE	608,000	821,300	217,800
Deduct cash expended for:			
Additions to property and equipment	452,700	671,600	5,000
Payments on long-term debt, net of changes in current maturities	3,100	4,700	10,700
Payments on notes payable to bank	-0-	25,000	25,000
Increase in receivables, inventories and prepaid expenses	87,800	17,900	400
TOTAL CASH EXPENDED	543,600	719,200	41,100
BALANCE AT END OF PERIOD	\$ 64,400	\$102,100	\$176,700
Balance at end of period consisting of:			
Cash available for operating purposes	\$ 64,400	\$ 82,700	\$150,400
Reserve for mortgage payments	-0-	19,400	26,300
	\$ 64,400	\$102,100	\$176,700

STATEMENTS OF FORECASTED REVENUES AND EXPENSES

COMMUNITY HOSPITAL

Years Ending March 31,

	1984	1985	1986
STATISTICS (excluding newborn):			
Average beds available	56	58	60
Patient days	13,590	13,770	13,950
Average occupancy percent	66.5	65.0	63.7
OPERATING REVENUE			
Patient revenues	\$1,736,400	\$1,981,200	\$2,196,000
Other operating revenues	<u>20,000</u>	<u>21,000</u>	<u>22,000</u>
GROSS OPERATING REVENUES	1,756,400	2,002,200	2,218,000
Provision for allowances and adjustments (deduction)	<u>(128,300)</u>	<u>(146,600)</u>	<u>(153,400)</u>
NET OPERATING REVENUES	1,628,100	1,855,600	2,064,600
OPERATING EXPENSES			
Salaries, wages, and fringe benefits	998,600	1,088,100	1,164,700
Supplies and other expenses	584,700	674,700	740,500
Interest	5,000	29,400	61,200
Depreciation	<u>27,600</u>	<u>49,800</u>	<u>74,200</u>
TOTAL OPERATING EXPENSES	<u>1,615,900</u>	<u>1,842,000</u>	<u>2,040,000</u>
EXCESS OF OPERATING REVENUES OVER EXPENSES	12,200	13,600	24,000
NON-OPERATING REVENUE (interest earned)	<u>100</u>	<u>1,900</u>	<u>2,200</u>
EXCESS OF REVENUES OVER EXPENSES	<u>\$ 12,300</u>	<u>\$ 15,500</u>	<u>\$ 26,200</u>

FORCASTED STATEMENTS OF CHANGES IN FUND BALANCES

COMMUNITY HOSPITAL

	COMBINED	UNALLOCATED	INVESTED IN PROPERTIES	BOARD DESIGNATED FUNDS FOR MORTGAGE REPAYMENT RESERVE
Fund balance at April 1, 1983	\$616,600	\$203,400	\$413,200	\$ -0-
Excess of revenues over expenses	12,300	12,300		
Interfund transfers:				
Provision for depreciation charged to operating expenses		27,600	(27,600)	
Property and equipment acquired		(452,700)	452,700	
Mortgage and installment contract payments		(3,100)	3,100	
Mortgage and construction loans		494,500	(494,500)	
TOTAL TRANSFERS		<u>66,300</u>	<u>(66,300)</u>	
FUND BALANCES AT MARCH 31, 1984	628,900	282,000	346,900	-0-
Excess of revenue over expenses	15,500	15,500		
Interfund transfers:				
Provision for depreciation charged to operating expenses		49,800	(49,800)	
Property and equipment acquired		(671,600)	671,600	
Mortgage and installment contract payments		(4,700)	4,700	
Mortgage and construction loans		695,500	(695,500)	
Net cash transfers		<u>(19,400)</u>		<u>19,400</u>
TOTAL TRANSFERS		<u>49,600</u>	<u>(69,000)</u>	<u>19,400</u>
FUND BALANCES AT MARCH 31, 1985	644,400	347,100	277,900	19,400
Excess of revenue over expenses	26,200	26,200		
Interfund transfers:				
Provision for depreciation charged to operating expenses		74,200	(74,200)	
Property and equipment acquired		(5,000)	5,000	
Mortgage and installment contract payments		(10,700)	10,700	
Net cash transfer		<u>(6,900)</u>		<u>6,900</u>
TOTAL TRANSFERS		<u>51,600</u>	<u>(58,500)</u>	<u>6,900</u>
FUND BALANCES AT MARCH 31, 1986	\$670,600	\$424,900	\$219,400	\$ 26,300

FORECASTED BALANCE SHEETS

COMMUNITY HOSPITAL

March 31,

	1984	1985	1986	1984	1986	1986
ASSETS						
CURRENT ASSETS				LIABILITIES AND FUND BALANCES		
Cash	\$ 64,400	\$ 82,700	\$ 150,400	Notes payable to bank	\$ 50,000	\$ 25,000
Accounts receivable, less allowances	420,600	432,400	427,700	Account payable	86,200	99,100
Inventories	42,600	47,400	51,500	Salaries, wages, and amounts withheld therefrom	59,900	65,300
Prepaid expenses	10,000	11,300	12,300	Amounts withheld from contractors pending construction completion	39,600	-0-
TOTAL CURRENT ASSETS	537,600	573,800	641,900	Accrued Interest payable	800	15,200
OTHER ASSETS				Advances from third-party payors	21,000	24,000
Reserve for unemployment compensation	1,900	1,900	1,900	Current maturities of long-term debt	3,100	10,700
Reserve funds accounts for mortgage repayment	-0-	19,400	26,300	TOTAL CURRENT LIABILITIES	260,600	239,300
PROPERTY AND EQUIPMENT				LONG-TERM DEBT		
Land and land improvements	7,200	7,200	7,200	Construction loan	494,500	-0-
Building and fixed equipment	558,900	1,707,800	1,707,800	Mortgage payable, less current maturity	-0-	1,178,800
Hospital, office, and other equipment	117,400	156,800	161,800	Equipment purchase contract	1,100	-0-
Construction in progress	516,700	-0-	-0-	TOTAL LONG-TERM DEBT	495,600	1,178,800
Allowances for depreciation (deduction)	(354,600)	(404,400)	(478,600)	FUND BALANCES		
TOTAL PROPERTY AND EQUIPMENT	845,600	1,467,400	1,398,200	Unallocated	282,000	347,100
TOTAL ASSETS	\$1,385,100	\$2,062,500	\$2,068,300	Invested in properties, less long-term debt including current maturities	346,900	277,900
				Reserve funds designed by board for mortgage repayment	-0-	19,400
				TOTAL FUND BALANCES	628,900	644,400
TOTAL ASSETS	\$1,385,100	\$2,062,500	\$2,068,300	TOTAL LIABILITIES AND FUND BALANCES	\$1,385,100	\$2,062,500
						\$2,068,300

HOSPITAL LOAN FEASIBILITY CHECKLIST

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	Value*	Value	Considered Yes	No
<u>Project Description</u>				
1. Identifying information	N/A	N/A	X	_____
2. Type of ownership (public, nonprofit, etc.)	N/A	<u>Nonprofit</u>	_____	_____
3. Form of ownership (sole proprietorship, partnership, or corporation)	N/A	_____	_____	X
4. Type of construction or service proposed (new, replacement, expansion, or renovation)	N/A	<u>Renovation</u>	_____	_____
5. Size of expansion (square feet)	N/A	<u>14,000</u>	_____	_____
6. Certificate of need (or 1122) approval	N/A	<u>N/A</u>	X	_____
7. Estimated construction costs	N/A	<u>\$1,024,400</u>	_____	_____
8. Estimated increase in service capacity (number of beds, ambulatory visits, etc.)	N/A	<u>4 beds</u>	_____	_____
9. Estimated cost escalation per month to bid date	N/A	_____	_____	X
10. <u>Pro forma</u> financial statement obtained from certificate of need application	N/A	N/A	_____	X
11. Narrative support from certificate of need	N/A	N/A	X	_____
12. Facility ownership of 5% or greater disclosed	N/A	N/A	X	_____

Assessment of Demand

1. Primary service area correctly defined	51% or more	Majority	X	—
2. Independent demand and feasibility studies done for new facility	N/A	N/A	X	—
3. Effects on existing facilities considered	N/A	N/A	X	—
4. Commitment of necessary physicians				
--List of physicians by name, age, specialty, and annual admissions for past 3-5 years	N/A	N/A	—	X
--Change in physician composition since feasibility study	N/A	N/A	—	X
5. Large scale immigration forecast	N/A	N/A	—	X
6. Large scale outmigration forecast	N/A	N/A	—	X
7. Service area population growth trends	N/A	6-7%	X	—
8. Service area birth rate per thousand	12.5-15.0	—	—	X
9. Trends in percent of population over 65 increasing	N/A	N/A	—	X
10. Hospital beds per 1,000 pop. in service area	3.8-4.2	—	X	—
11. Service area hospital occupancy rate	70-90%	67%	X	—
12. Average hospital length of stay in serv. area	6.0-8.0	6.4	X	—
13. Lab. tests performed per admis. by bed size	16-39	30	X	—
14. Operating room procedures per 100 medical surgical admissions by bed size	24-61	—	—	X
15. Radiological proc. per admis. by bed size	1.5-2.0	1.9	X	—
16. Significant increases in admis. & lengths of stay adequately justified	N/A	N/A	—	X
17. Significant increases in other services adequately justified	N/A	N/A	—	X
18. Hospital demand anal. sheet completed (p. X-13)	N/A	N/A	X	—

*If appropriate

HOSPITAL DEMAND ANALYSIS SHEET

Number	Source Item	Source	Amount	Range	If Value Outside Range See Page:
A	Occupancy rate (%)	Applicant	65.5	60-90%	XI-9
B	Bed size	Applicant	56		
C	Average length of stay	Applicant	6.3	6.0-8.0	XI-9,10
D	Operating room procedures	Applicant	N/A		
E	Laboratory tests	Applicant	36594		
F	Radiology procedures	Applicant	7970		
G	Total FTE employees	Applicant	92		
H	Management FTE employees	Applicant	2		
I	Physicians on med. staff	Applicant	7		
J	Service area population	Feas. study	331783		
K	Physicians practicing in Service Area (SA)	Feas. study	318		
L	SA beds	Col. F, next pg.	162		
M	SA patient days	Col. G, next pg.	37318		

	Analytical Item	Calculation	Amount		
N	Average Daily Census	A x B	37		
O	Patient Days	N x 365	13388		
P	Admissions	O ÷ C	2125		
Q	Market share	O ÷ M	.358		
R	Supply share	B ÷ L	.346		
S	Delivery share	Q ÷ R	1.03	0.9-1.2	
T	Admissions per physician	P ÷ I	303	100-250	
U	O.R. procedures per admission	D ÷ P	N/A	0.3-0.6	XI-11,12
V	Lab tests per admission	E ÷ P	17.2	10-40	XI-11
W	Radiology proc. per admission	F ÷ P	3.75	1-3	XI-11
X	FTE per occupied bed	G ÷ N	2.5	2.5-4.0	XI-12
Y	Beds per administrative FTE	B ÷ H	28	35-45	XI-12
Z	Service area use rate	M ÷ J	1125.9	950-1250	XI-10
Al	Physicians per 1,000 SA population	K ÷ J	.96	1.0-3.5	

SERVICE AREA ANALYSIS SHEET

A	B	C	D	E	F	G
Facility	Bed Size	Occupancy Rate	Travel Time	Competition Factor = 120 Min.- Col. D 120 Min.	Competitive Beds ExB	Service Area Patient Days FxCx365
1 <u>Comm. Hosp.</u>	<u>56</u>	<u>65.5%</u>	<u>0 min.</u>	<u>1.00</u>	<u>56</u>	<u>13,388</u>
2 <u>Camden Mem.</u>	<u>100</u>	<u>61%</u>	<u>60 min.</u>	<u>.50</u>	<u>50</u>	<u>11,133</u>
3 <u>Un. Methdst</u>	<u>40</u>	<u>67%</u>	<u>120 min.</u>	<u>0</u>	<u>0</u>	<u>0</u>
4 <u>Westchester</u>	<u>69</u>	<u>61%</u>	<u>40 min.</u>	<u>.67</u>	<u>46</u>	<u>10,242</u>
5 <u>Harding</u>	<u>40</u>	<u>70%</u>	<u>90 min.</u>	<u>.25</u>	<u>10</u>	<u>2,555</u>
6 _____	_____	____%	____ min.	_____	_____	_____
7 _____	_____	____%	____ min.	_____	_____	_____
8 _____	_____	____%	____ min.	_____	_____	_____
9 _____	_____	____%	____ min.	_____	_____	_____
10 _____	_____	____%	____ min.	_____	_____	_____
TOTAL					<u>162</u>	<u>37,318</u>
					(carry to line L on previous page)	(carry to line M on previous page)

HOSPITAL LOAN FEASIBILITY CHECKLIST (Cont.)

LOAN EVALUATION FACTORS	Standard Value*	Actual Value	Factors Considered	
			Yes	No
<u>Revenue Forecast</u>				
1. Third-party payment as percent of net revenues	85-90%	70%	X	
2. Subject to State rate review	N/A	N/A		X
3. Historical 3-5 year in-patient routine revenue per day	N/A		X	
4. Annual forecasted increase in per diem charges	5-7%		X	
5. Unresolved third-party settlement amounts	N/A	N/A		X
6. Change in patient mix among third-party payors considered	N/A	N/A	X	
7. Exceed rates of competitive facilities	N/A	N/A		X
8. Do recognized third-party costs exceed charges	N/A	N/A		X
9. Deductions as percent of gross patient service revenue	N/A	N/A	X	
10. Other operating revenue as percent of total net patient revenue	N/A	1.1%	X	
11. Non-operating revenue as percent of net patient revenue	N/A	0+%	X	
12. Substantial forecasted revenue from gifts, endowments, pledges, and grants justified	N/A	N/A		X
13. Amount of non-operating funds unrestricted	N/A	N/A		X
14. Revenue forecast assumptions known	N/A	N/A	X	
<u>Operating Expenses and Debt Service Forecast</u>				
1. All major operating expenses forecasted	N/A	N/A	X	
2. Expenditure percentages comparable	N/A	N/A	X	
3. Inflation factor considered	1.4-1.8%/mo.	0.8%	X	
4. Straight line depreciation method used	N/A	N/A	X	
5. Appropriate useful life and salvage value used	N/A	N/A	X	
6. Interest rates used are reasonable	N/A	N/A	X	
7. Unusual or significant loan agreement restrictions	N/A	N/A		X
8. Debt amortization schedule	N/A	N/A	X	
9. All financing costs considered	N/A	N/A	X	
10. Special fund created or funded depreciation required	N/A	N/A	X	
11. Other types of financing considered	N/A	N/A		X

* If appropriate.

HOSPITAL LOAN FEASIBILITY CHECKLIST (CONT.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	Value*	Value	Considered Yes	No
<u>Forecasted Financial Statements (3-5 years)</u>				
1. Statement of Revenue and Expenses	N/A	N/A	<u>X</u>	___
2. Statement of Cash Flow	N/A	N/A	<u>X</u>	___
3. Statement of Financial Condition (Balance Sheet)	N/A	N/A	<u>X</u>	___
4. Statement of Changes in Fund Balances	N/A	N/A	<u>X</u>	___
5. Comparison of differences in <u>pro forma</u> financial statement submitted to FmHA and to certificate-of-need agency	N/A	N/A	___	<u>X</u>
<u>Financial Ratio Analysis</u>				
1. Financial ratio analysis performed	N/A	N/A	<u>X</u>	___
<u>Management Analysis</u>				
1. Trustee background examined	N/A	N/A	___	<u>X</u>
2. Degree of facility's community service	N/A	N/A	<u>X</u>	___
3. Past facility fund raising success	N/A	N/A	___	<u>X</u>
4. Degree of volunteer involvement	N/A	N/A	<u>X</u>	___
5. Local medical community support	N/A	N/A	<u>X</u>	___
6. Suitable living areas for professionals	N/A	N/A	<u>X</u>	___
7. Management knowledge and experience	N/A	N/A	<u>X</u>	___
8. Facility accreditation and affiliations	N/A	N/A	<u>X</u>	___
9. Facility in compliance with public health and fire safety standards	N/A	N/A	<u>X</u>	___
10. Staff morale and turnover	5-10%	___	___	<u>X</u>
11. Use of recent technology advances	N/A	<u>N/A</u>	___	<u>X</u>
12. Effectiveness of utilization review procedures	N/A	N/A	___	<u>X</u>
- delegated PSRO review	N/A	N/A	___	<u>X</u>
- PSRO contacted	N/A	N/A	___	<u>X</u>
13. Accounts receivable as percent of current assets	55-90%	85%	<u>X</u>	___
14. Bad debts as percent of accounts receivable	3-7%	<u>5.2%</u>	<u>X</u>	___
15. Current aging schedule used	N/A	<u>N/A</u>	___	<u>X</u>
16. Degree of borrowing to meet current liabilities	N/A	N/A	<u>X</u>	___
17. Discounting or factoring of accounts receivable	N/A	N/A	<u>X</u>	___
18. Maximization of third-party reimbursement	N/A	N/A	<u>X</u>	___
19. Timeliness and accuracy of third-party claim filings	N/A	N/A	<u>X</u>	___

HOSPITAL LOAN FEASIBILITY CHECKLIST (CONT.)

LOAN EVALUATION FACTORS	Standard Value*	Actual Value	Factors Considered	
			<u>Yes</u>	<u>No</u>
<u>Management Analysis</u>				
20. Usage of Medicare Periodic Interim Payment (PIP) system	N/A	N/A	<u>X</u>	___
21. Practice of competing large procurements	N/A	N/A	<u>X</u>	___
22. Delinquency in vendor payment	N/A	N/A	<u>X</u>	___
23. Application of performance indicators (see Chapter X)	N/A	N/A	X	___

* If appropriate.

CASE STUDY FOR A NURSING HOME
THE PINES NURSING HOME

GENERAL DESCRIPTION OF PROGRAM

The Pines Nursing Home is to be a new, 120-bed skilled and intermediate care facility located in Garville, Virginia. The nursing home site is located on the outskirts of the city, adjacent to Community Hospital. The City of Garville is located near Healthstown (approximately 30 miles northeast) and has strong ties to the Healthstown medical community and its four physicians who specialize in geriatrics.

The Pines Nursing Home will be owned and operated by the Healthstown Friends Association, Inc., a non-profit corporation. Healthstown Friends Association currently owns and operates Goodwill House, a nursing home in Healthstown which is well known as a provider of long-term care services. It is anticipated that PNH will have a close working relationship with Goodwill House with regard to administration, patient care policies and shared services.

The proposed facility will meet all existing federal, state and local standards for the construction of nursing homes. Of the 120 beds, 40 will be in a skilled care unit which will accomodate elderly persons requiring skilled nursing care. The remaining 80 beds will be licensed as intermediate care beds and will be occupied by ambulatory elderly patients requiring less intensive nursing care.

The present development schedule calls for commencement of construction by April 1, 1984 and opening of the facility by April 1, 1985.

A summary of the anticipated sources and uses of funds is as follows:

Sources of Funds:

Mortgage loan from the Farmers Home Administration (USDA)	\$1,350,000
Cash on hand	150,000
TOTAL	<u>\$1,500,000</u>

Use of Funds:

Construction costs:

• Building and fixed equipment	\$1,200,000
• Movable equipment	150,000
• Miscellaneous construction costs	<u>12,000</u>

TOTAL CONSTRUCTION COSTS	<u>\$1,362,000</u>
--------------------------	--------------------

Architectural and engineering fees	74,500
Permit, fees, etc.	1,500
Interest during construction	<u>62,000</u>

TOTAL FEES AND INTEREST	\$ 138,000
TOTAL	<u>\$1,500,000</u>

The preceding construction estimates are based upon preliminary estimates received from the architectural and engineering firm retained for the design of the new facility. Costs for major movable and other equipment are estimates provided by vendors.

ASSESSMENT OF DEMAND

Demand for the nursing facility was projected by evaluating such factors as the age distribution of the population in Garville and surrounding areas, utilization of other facilities in the region by persons

aged 65 or over, and waiting lists at other nursing homes.

There are two other nursing homes in nearby Sweep and Oslo counties. They are:

- Goodwill House - 186 beds, Sweep County (Healthstown)
- The Tara Nursing Home - 47 beds, Oslo County

Both of these nursing homes currently enjoy healthy occupancy rates of 96% and 94%, respectively. They both report waiting lists totaling more than 100 persons. Investigations concerning duplication of names on these waiting lists was attempted, but no conclusions were reached.

During the past, both nursing homes have experienced high occupancy levels and utilization of services. Specifically, their occupancies have ranged from 87% to 94% since 1978.

It is anticipated that the majority of the patients at the Pines Nursing Home will be residents of Sweep and Oslo counties. Persons in these counties are currently traveling to facilities outside of the area to receive care due to the shortage of existing beds in the area.

Based on information obtained from the Population Statistics Division of the State Planning and Evaluation Department, we have drawn up the following table, which presents actual and forecasted population statistics for the areas to be served by the Pines Nursing Home:

	<u>1976</u> <u>Estimate</u>	<u>1981</u> <u>Estimate</u>	<u>1976-1981</u> <u>% Growth</u>	<u>1981-1986</u> <u>% Growth Estimate</u>	<u>1986</u> <u>Forecast</u>
Sweep County	45,484	49,261	7.4%	6.2%	52,339
Oslo County	<u>253,055</u>	<u>282,522</u>	<u>11.6%</u>	<u>6.5%</u>	<u>301,000</u>
Total	298,903	331,783	11.0%	6.5%	353,339
Population +65	28,400	33,850	19.2%	20.0%	40,650
Percent +65	9.5%	10.2%	7.4%	12.7%	11.5%

Source: State Planning Office.

The populace of this two county area has been growing older at a steady rate for several years. The number of persons over the age of sixty-five now represents more than ten percent (10.7%) of the general population and is forecasted to be 11.5% by 1986.

The 233 long term care beds currently in this area serve an elderly and infirmed population of approximately 36,500. It has been estimated by the Oslo County Welfare Agency that more than two hundred persons have been placed in nursing homes outside these counties during the past three years because of a shortage of private beds.

Staffing for the proposed facility will include an administrator, a director of nursing, nursing personnel in sufficient numbers to meet the State's minimum requirements, a part-time physical therapist, a part-time staff physician, and ancillary personnel (including dietary, housekeeping, maintenance, and office personnel). Patients will only be admitted by a physician's order and must have a personal physician in attendance at all times. If a prospective patient does not have a personal physician, the house physician for the Pines Nursing Home will perform a thorough physical examination prior to consideration for admission, and he will act as the patient's personal physician.

Based upon projected need for the facility, existing waiting lists at other area nursing homes, and experience of Healthstown Friends Association in the field of long-term care, it is estimated that the Pines Nursing Home will experience an occupancy rate of approximately 60% during

the first year of operation (reflecting start-up period) and an occupancy rate of 88% during the second year of operation. It is believed that these figures are conservative considering the rather large unmet need which currently exists in this area.

	<u>1985</u> (9Mos)	<u>1986</u>
Beds	120	120
Occupancy	60%	88%
Patient Days	19,710	38,544

PATIENT SERVICE REVENUES

Patient service revenues for the Pines Nursing Home have been projected according to the charge structure which will be in effect during the two year start-up period. Average revenues per inpatient day for routine and special services have been projected to be \$30 per day in 1985 and \$33 per day in 1986. This represents an average increase of approximately 10% per year.

The charge structure for the two levels of care are expected to be as follows:

	<u>1985</u>	<u>1986</u>
Skilled nursing beds	\$40.00	\$45.00
Intermediate care beds	\$25.00	\$27.00
Average	\$30.00	\$33.00

This projected rate structure reflects anticipated utilization of the nursing care beds and all operating costs allowable under third-party reimbursement programs. Also, it is in line with existing rate structures of similar facilities.

ALLOWANCES AND UNCOLLECTIBLE ACCOUNTS

Contractual allowances represent the differences between charges billed and amounts received under provisions of cost reimbursement programs. Estimates for contractual allowances associated with the Medicare and Medicaid programs have been based on the reimbursement methodologies currently utilized by each of those third-party payors.

Medicare regulations (Section 223 of the 1972 Social Security Amendment, P.L. 92-603) provide for prospectively set limits on reasonable reimbursable costs. Current reimbursement levels are based upon those reasonable cost limits and the degree to which reporting procedures for each facility meet prescribed Medicare standards.

Reimbursement for care under the Medicaid program cannot exceed the reasonable cost limit set by the State each year. It is estimated that, during the forecast period, the proposed rates for skilled nursing care will be less than the ceiling imposed under the reasonable cost reimbursement system for skilled care. Consequently, no contractual allowance is projected. However, the intermediate care rate to be paid by the Medicaid program is estimated to be \$1.50 less per day than the proposed rate of the Pines Nursing Home. This contractual allowance has been taken into account during the forecast period.

OPERATING EXPENSES

Staffing requirements were based on management assumptions, licensing requirements, present staffing patterns of other nursing homes in the area, and the forecasted occupancy of PNH. The forecasts include the

following full-time equivalent employees (FTEs), total wages, and average annual wages per employee:

	<u>1985</u>	<u>1986</u>
Nursing FTE's	25.5	42
Other FTE's	12.5	33
Total Wages	\$340,300	\$730,750
Average Wage	\$8,955	\$9,743
Man-Hours per Patient Day	4.0	4.0

Estimated expenses for salaries and wages are based on these staffing requirements and wage rates currently in effect, adjusted to reflect annual wage increases of approximately 6.5 percent.

Fringe benefits and payroll taxes have been estimated according to areawide nursing home experience and are forecasted to rise from the current levels by 8 percent annually.

Supplies and other expenses for each department were developed according to forecasted patient days and anticipated unit costs. Based on an analysis of current and historical data, unit costs of supplies and other expenses have been forecasted to increase at approximately 8 percent per year.

DEPRECIATION OF BUILDING AND EQUIPMENT

Depreciation on buildings, fixed equipment, and movable equipment related to the new facility has been included in the financial forecasts. Depreciation estimates are based on the straight-line method and the following estimated useful lives:

Building and improvements	40 years
Fixed equipment	20 years
Movable equipment	10 years

LONG-TERM DEBT

The forecasts reflect the assumption that the Pines Nursing Home will enter into a mortgage loan agreement with the Farmers Home Administration (USDA). Payments on the mortgage loan are scheduled to commence on March 1, 1985. The interest and principal payments have been computed based on an estimated interest rate of 5 percent, a 40 year maturity, and level debt service.

Funds during the construction period will be provided by Farmers Home Administration for costs actually incurred, up to the approved maximum amount. Interest expense incurred during the construction period (amounting to \$62,000) has been capitalized as part of the cost of the facility.

CURRENT ASSETS AND CURRENT LIABILITIES

Accounts receivable, inventories, prepaid expenses, accounts payable, accrued salaries and wages, and amounts withheld therefrom were based on management assumptions and available information.

They are summarized below:

- Accounts receivable, less contractual allowances
 - 1985 - 30 days of net patient service revenues
 - 1986 - 30 days of net patient service revenues
- Inventories and prepaid expenses estimated based on anticipated needs.
- Accounts payable - 3.5 percent of total operating expenses
- Salaries, wages, and amounts withheld therefrom (3.8 percent of salaries, wages, and fringe benefit expense).

STATEMENT OF FORECASTED CASH FLOW

	1985	1986
Cash balance at beginning of year	\$ 174,550	\$ 59,570
Add cash provided from:		
Excess (deficit) of revenues over expenses.	(5,280)	51,670
Items charged against operations not requiring cash:		
Provision for depreciation	<u>53,000</u>	<u>53,000</u>
Cash provided from operations and non-operating revenue	47,720	104,670
Increase (decrease) in accounts payable and accrued liabilities	42,400	32,120
(Increase) decrease in accounts receivable - net and inventories	(55,100)	(58,650)
FmHA mortgage loan proceeds	<u>1,350,000</u>	<u>--</u>
Total Cash Provided	<u>1,385,000</u>	<u>78,140</u>
Total Cash Available	1,559,570	137,710
Deduct cash expended for:		
Reduction of long-term debt	--	20,000
Additions to property, plant, and equipment	<u>1,500,000</u>	<u>--</u>
Cash balance at end of year	<u>\$ 59,570</u>	<u>\$117,110</u>

STATEMENT OF FORECASTED REVENUES AND EXPENSES

= = = = =		
	Year Ending	
	1985	1986
= = = = =		
Routine services	\$594,000	\$ 1,275,500
Special care - net	12,370	26,570
Medical supplies - net	3,100	6,640
Pharmacy - net	1,550	3,320
Physical therapy - net	6,180	13,300
Other	<u>1,550</u>	<u>3,320</u>
TOTAL GROSS OPERATING REVENUES	618,750	1,328,650
CONTRACTUAL ALLOWANCES AND PROVISION FOR DOUBTFUL ACCOUNTS		
Medicare	650	29,150
Medicaid	1,600	51,350
Bed debts	<u>6,150</u>	<u>13,300</u>
	8,400	93,800
TOTAL NET OPERATING REVENUES	<u>610,350</u>	1,234,850
EXPENSES		
Salaries and wages	340,300	730,750
Fringe benefits	9,280	19,930
Medical supplies	5,570	11,950
Supplies and other expense	128,080	275,030
Contracted services	12,375	26,570
Interest	67,025	65,950
Depreciation	<u>53,000</u>	<u>53,000</u>
	615,630	1,183,180
EXCESS OF REVENUE OVER EXPENSES	<u>\$ (5,280)</u>	\$ <u>51,670</u>

FORECASTED BALANCE SHEETS

=====		
	Year Ending	
	1985	1986
=====		
CURRENT ASSETS		
Cash and investments	\$ 59,570	\$ 117,710
Accounts receivable, less allowances	51,500	110,700
Inventories	1,500	1,200
Prepaid expenses	<u>750</u>	<u>500</u>
TOTAL CURRENT ASSETS	113,320	230,110
PROPERTY AND EQUIPMENT		
Land improvements	13,200	13,200
Building and fixed equipment	1,321,600	1,321,600
Movable equipment	<u>165,200</u>	<u>165,200</u>
	1,500,000	1,500,000
Less allowance for depreciation	<u>53,000</u>	<u>106,000</u>
	1,447,000	1,394,000
Land	<u>108,000</u>	<u>108,000</u>
TOTAL PROPERTY AND EQUIP.	<u>1,555,000</u>	<u>1,502,000</u>
TOTAL ASSETS	<u>\$1,668,320</u>	<u>\$1,732,110</u>
CURRENT LIABILITIES		
Notes payable to bank	\$ 25,000	\$ 25,000
Accounts payable	22,000	40,220
Salaries, wages	13,100	28,000
Accrued interest payable	33,000	32,000
Current maturities of long-term debt	<u>20,000</u>	<u>21,100</u>
TOTAL CURRENT LIABILITIES	113,100	146,320
LONG-TERM DEBT		
Mortgage payable, less	<u>1,330,000</u>	<u>1,308,900</u>
current maturities		
TOTAL LONG-TERM DEBT	1,330,000	1,308,900
FUND BALANCES	225,220	276,890
TOTAL LIABILITIES AND		
FUND BALANCES	<u>\$1,668,320</u>	<u>\$1,732,110</u>

NURSING HOME LOAN FEASIBILITY CHECKLIST

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	Value*	Value	Yes	No
<u>Project Description</u>				
1. Identifying information	N/A	N/A	<u>X</u>	<u> </u>
2. Type of ownership (public, nonprofit, etc.)	N/A	<u>Nonprofit</u>	<u> </u>	<u> </u>
3. Form of ownership (sole proprietorship, partnership, or corporation)	N/A	<u>Corporation</u>	<u> </u>	<u> </u>
4. Type of construction or service proposed (new, replacement, expansion, or renovation)	N/A	<u>New</u>	<u> </u>	<u> </u>
5. Size of expansion (square feet)	N/A	<u> </u>	<u> </u>	<u> </u>
6. Certificate of need (or 1122) approval	N/A	<u>N/A</u>	<u>X</u>	<u> </u>
7. Estimated construction costs	N/A	<u> </u>	<u>X</u>	<u> </u>
8. Estimated increase in service capacity (number of beds, SNF, ICF, etc.)	N/A	N/A	<u> </u>	<u> </u>
9. Estimated cost escalation per month to bid date	N/A	<u> </u>	<u> </u>	<u>X</u>
10. <u>Pro forma</u> financial statement obtained from certificate of need application	N/A	N/A	<u> </u>	<u>X</u>
11. Narrative support from certificate of need	N/A	N/A	<u>X</u>	<u> </u>
12. Facility ownership of 5% or greater disclosed	N/A	N/A	<u>X</u>	<u> </u>
<u>Assessment of Demand</u>				
1. Primary service area correctly defined	51%	<u>Majority</u>	<u>X</u>	<u> </u>
2. Independent demand and feasibility studies done for new facility	N/A	N/A	<u>X</u>	<u> </u>
3. Effects on existing facilities considered	N/A	N/A	<u>X</u>	<u> </u>
4. Commitment of necessary physicians				
--List of physicians by name, age, specialty, and annual admissions for past 3-5 years	N/A	N/A	<u> </u>	<u>X</u>
--Change in physician composition since feasibility study	N/A	N/A	<u> </u>	<u>X</u>
5. Trends in percent of population over 65	N/A	<u>10.7%</u>	<u>X</u>	<u> </u>
6. Nursing home beds per thousand population	40-70	<u>N/A</u>	<u> </u>	<u>X</u>
7. Service area occupancy rate	85-100%	<u>96%</u>	<u>X</u>	<u> </u>
8. Significant increase in admissions and occupancy rates adequately justified	N/A	N/A	<u> </u>	<u>X</u>
9. Nursing home demand analysis sheet completed (page N-2)	N/A	N/A	<u>X</u>	<u> </u>
increasing	N/A	N/A	<u>X</u>	<u> </u>

* If appropriate

NURSING HOME DEMAND ANALYSIS SHEET

					If Value Outside Range See Page:
Number	Source Item	Source	Amount	Range	
A	Occupancy rate (%)	Applicant	88%	40-100%	XI-19
B	Total Beds	Applicant	120		
C	SNF Beds	Applicant	40		
D	ICF Beds	Applicant	80		
E	Total FTEs	Applicant	75		
F	Med. and Adm. FTEs	Applicant	10		
G	Nursing FTEs	Applicant	42		
H	S.A. Population over 65	Feas. study	40650		
I	S.A. N.H. Beds	Feas. study	353		
J	S.A. N.H. Patient Days	Feas. study	113880		

Analytical Item		Calculation	Amount		
K	Average Daily Census	A x B	106	0.9-1.2	XI-19, 20
L	Patient Days	K x 365	38690		
M	Market share	L ÷ J	.34		
N	Supply share	B ÷ I	.34		
O	Delivery share	M ÷ N	1.0		
P	Total Man Hours/Patient Day	(E x 2080) ÷ L	4.03	3-6	XI-20
Q	Nursing Hours/Patient Day	(G x 2080) ÷ L	2.26	2-4	XI-20
R	Beds/Administrative FTE	B ÷ F	12	6-10	XI-20
S	Beds per 1,000 population over 65	I ÷ H	8.7	40-70	XI-19
T	S.A. Occupancy Rate	J ÷ (I x 365)	88%	80-90	

NURSING HOME LOAN FEASIBILITY CHECKLIST (Cont.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	Value*	Value	Considered	
			Yes	No
<u>Revenue Forecast</u>				
1. Third-party payment as percent of net revenues	N/A	N/A	<u>X</u>	<u> </u>
2. Flat fee <u>or</u> negotiated rate under Medicaid	N/A	<u>flat</u>	<u>X</u>	<u> </u>
3. Historical 3-5 year private patient daily rate	N/A	<u> </u>	<u> </u>	<u>X</u>
4. Annual forecasted increase in per diem charges	5-7%	<u>10%</u>	<u>X</u>	<u> </u>
5. Unresolved third-party settlement amounts	N/A	<u>N/A</u>	<u> </u>	<u>X</u>
6. Change in mix among third-party and private pay patients considered	N/A	N/A	<u> </u>	<u>X</u>
7. Exceed rates of competitive facilities	N/A	N/A	<u>X</u>	<u> </u>
8. Use of lifetime contracts - amount	N/A	<u> </u>	<u> </u>	<u>X</u>
9. Substantial forecasted revenue from gifts, endowment, pledges, and grants justified	N/A	N/A	<u> </u>	<u>X</u>
10. Amount of non-operating revenue	N/A	<u> </u>	<u>X</u>	<u> </u>
11. Revenue forecast assumptions known	N/A	<u>N/A</u>	<u>X</u>	<u> </u>
<u>Operating Expenses and Debt Service Forecast</u>				
1. All major operating expenses forecasted	N/A	N/A	<u>X</u>	<u> </u>
2. Interest expense forecasted	N/A	<u> </u>	<u>X</u>	<u> </u>
3. Inflation factor considered	1.4-1.8%/mo.	<u> </u>	<u>X</u>	<u> </u>
4. Straight line depreciation method used	N/A	<u>N/A</u>	<u>X</u>	<u> </u>
5. Appropriate useful life and salvage value used	N/A	N/A	<u>X</u>	<u> </u>
6. Interest rates used are reasonable	N/A	N/A	<u>X</u>	<u> </u>
7. Unusual or significant loan agreement restrictions	N/A	N/A	<u> </u>	<u>X</u>
8. Debt amortization schedule	N/A	N/A	<u>X</u>	<u> </u>
9. All financing costs considered	N/A	N/A	<u>X</u>	<u> </u>
10. Special fund created or funded depreciation required	N/A	N/A	<u>X</u>	<u> </u>
11. Other types of financing considered	N/A	N/A	<u>X</u>	<u> </u>

* If appropriate.

NURSING HOME LOAN FEASIBILITY CHECKLIST (CONT.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	Value*	Value	Considered Yes	No
<u>Forecasted Financial Statements (3-5 years)</u>				
1. Statement of Revenue and Expenses	N/A	N/A	<u>X</u>	_____
2. Statement of Cash Flow	N/A	N/A	<u>X</u>	_____
3. Statement of Financial Condition (Balance Sheet)	N/A	N/A	<u>X</u>	_____
4. Statement of Changes in Fund Balances	N/A	N/A	<u>X</u>	_____
5. Comparison of differences in <u>pro forma</u> financial statement submitted to FmHA and to certificate-of-need agency	N/A	N/A	_____	<u>X</u>
<u>Financial Ratio Analysis</u>				
1. Financial ratio analysis performed	N/A	N/A	<u>X</u>	_____
<u>Management Analysis</u>				
1. Owner background examined	N/A	N/A	<u>X</u>	_____
2. Degree of facility's community service	N/A	N/A	<u>X</u>	_____
3. Past facility fund raising success	N/A	N/A	_____	<u>X</u>
4. Degree of volunteer involvement	N/A	N/A	_____	<u>X</u>
5. Local medical community support	N/A	N/A	_____	<u>X</u>
6. Suitable living areas for professionals	N/A	N/A	_____	<u>X</u>
7. Competitive wages paid nursing and support staff	N/A	N/A	<u>X</u>	_____
8. Facility accreditation and affiliations	N/A	N/A	<u>X</u>	_____
9. Facility in compliance with public health and fire safety standards	N/A	N/A	<u>X</u>	_____
10. Staff morale and turnover	5-10%	_____	_____	<u>X</u>
11. Full social and recreational programs available	N/A	N/A	<u>X</u>	_____
12. Effectiveness of utilization review procedures	N/A	N/A	_____	<u>X</u>
- delegated PSRO review	N/A	N/A	_____	<u>X</u>
- PSRO contracted	N/A	N/A	_____	<u>X</u>
13. Accounts receivable as percent of current assets	55-90%	_____	<u>X</u>	_____
14. Bad debts as percent of accounts receivable	3-7%	_____	<u>X</u>	_____
15. Current aging schedule used	N/A	N/A	_____	<u>X</u>
16. Degree of borrowing to meet current liabilities	N/A	N/A	_____	<u>X</u>
17. Discounting or factoring of accounts receivable	N/A	N/A	_____	<u>X</u>
18. Maximization of third-party reimbursement efforts effective	N/A	N/A	_____	<u>X</u>
19. Timeliness and accuracy of third-party claim filings	N/A	N/A	_____	<u>X</u>

NURSING HOME LOAN FEASIBILITY CHECKLIST (CONT.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	<u>Value*</u>	<u>Value</u>	<u>Considered</u>	
			<u>Yes</u>	<u>No</u>
<u>Management Analysis</u>				
20. Practice of receiving bids for large procurements	N/A	N/A	<u>X</u>	<u> </u>
21. Delinquency in vendor payments	N/A	N/A	<u> </u>	<u>X</u>
22. Application of performance indicators (see Chapter X)	N/A	N/A	<u> </u>	<u>X</u>

* If appropriate.

CASE STUDY FOR AMBULATORY CARE PROJECTS
LOCAL CLINIC, INC.

HISTORY AND GENERAL DESCRIPTION OF THE PROGRAM

Local Clinic, Inc. (LCI) was incorporated in 1976 as a nonprofit corporation in the village of Radford, Virginia in Bellevue County. During that year, LCI purchased, renovated, staffed, and equipped an ambulatory health care facility in order to facilitate recruitment of physicians to this rural area. Three fund raising campaigns were held between 1978 and 1981. These campaigns generated the following pledges:

<u>Fiscal Year</u>	<u>Pledges Received From the Community</u>	<u>Matching Grant Received From a Local Foundation</u>
1978	\$30,968.00	\$30,968.00
1979	15,543.00	15,543.00
1981	15,094.00	-

In the current year, LCI has also received a \$40,000 local contribution from the Marshall Memorial Trust Foundation.

Between 1978 and 1981, the St. Martin Hospital Family Practice Residency Program used LCI as an outpatient training facility under the supervision of a medical preceptor. This program began with one physician, one day a week, and expanded to one physician five days a week by late 1979. In May of 1982, LCI secured funds for the construction of an addition to the facility, which is now near completion and is being used by three physicians.

LCI has requested approval from the State Department of Health for status as a provider of primary health care. This approval should be obtained by January 1, 1984 and will permit LCI to employ its own medical personnel (including physicians, nurses, and technicians) rather than leasing its facilities to physicians and their employees. Primary health care, as defined by the local health planning agency, includes those services that people receive on first contact with the health system.

LCI intends to use the proceeds of the Farmers Home Administration Loan to complete construction of two additional doctors offices in the existing building, purchase equipment, furnish laboratory and X-ray departments, and repay its outstanding debt related to the construction. Construction of these offices is projected to commence in January 1984 and end by June of the same year. There will be no interruption of service during the construction period.

A summary of the anticipated sources and uses of funds related to the project is presented below:

Sources of Funds:

Anticipated funds from Farmers Home Administration (USDA)	\$460,000
Equipment loan to finance X-ray and laboratory equipment	50,000
Pledges paid	14,839
TOTAL	<u>\$524,839</u>

Uses of Funds:

Repay construction financing	\$314,839
Equipment, X-ray and laboratory facilities	120,000
Complete construction of medical office building	90,000
TOTAL	<u>\$524,839</u>

SERVICE AREA ANALYSIS

The primary service area for Local Clinic, Inc., consists of many areas of Belleview County, including Radford and ten townships in the southern part of the county. It also includes two adjoining townships in the northern portion of an adjacent county. This entire area accounts for approximately 85 percent of all patient visits. Patient origin analysis indicates that no major changes in the service area have occurred during the past several years, and none are expected in the near future.

During the past decade, both the population and economy in the service area declined slightly. In 1976, the population of LCI's service area was 24,943--a 9 percent decline from 1966. This reduction in population may be attributed to outmigration caused by limited job opportunities. The major industries are light manufacturing, lumbering, and tourism, with a gradually decreasing emphasis on agriculture.

In addition to the permanent population, there is an increasing number of seasonal visitors to the area who take advantage of recreational opportunities. The numerous camping grounds in the Radford area attract an estimated 4,000-6,000 people during the summer months. In addition, there is a significant number of summer homes in the area, and more are expected to be built in the future. While it is not possible to accurately measure this transient population, its presence is creating an increasing demand for medical services during the summer months.

There is a proposal to construct an amusement park near Radford. This amusement park would develop the tourism industry by creating a year round resort. Two large breweries are also being constructed in an area adjacent to LCI's service area. However, the potential impact of these developments is not included in the accompanying projections of future patient utilization of LCI's facilities.

Based on projections by the State Office of Planning Services, the population of LCI's service area is anticipated to increase to approximately 26,000 by 1986, or about 5 percent above the level in 1976. It is also expected that the population will continue to age somewhat throughout the 1980s. Persons 65 years and older constitute approximately 12 percent of the service area population, compared with 9.9 percent of the U.S. population.

There are five other physicians in the service area. Two of these physicians are near retirement and practice only part-time. Another ambulatory care center located in Centerville opened in October, 1981. The presence of this Centerville facility should not have an adverse impact on the progress at LCI, since its service area only slightly overlaps that of LCI. Other alternatives to residents of LCI's service area are the emergency rooms of the three surrounding hospitals located in Waterville, Washingberry, and Chipville. Each city is located 30-40 miles from Radford.

The primary care utilization rate for the LCI service area is lower than that for the remainder of the state. This is primarily the result of a shortage of physicians and a lack of medical services. With the addition of new physicians and medical services, it is anticipated that the utilization rate will increase substantially.

EVALUATION OF PHYSICIAN SUPPORT

There are three physicians on the active staff at LCI: one internist, one general practitioner, and one family practitioner/ pediatrician. All of these physicians have their offices located in the new addition at LCI. These physicians are now private practitioners paying

rent to LCI, but it is hoped that they will become employees of the clinic on January 1, 1984. One of the three physicians has been on the medical staff for one year. The other two have been on staff for less than a year and are still in the process of building their practices. Because LCI recently ended its affiliation with St. Martin's Hospital Family Practice Program, the corporation expects to add a fourth physician on a full-time basis in March 1984, just prior to completion of the doctors' offices. LCI also has one full-time nurse clinician.

UTILIZATION FORECASTS

LCI's historical utilization levels for fiscal years 1978-1983 and forecasted utilization levels for fiscal years 1984-1986 are shown in the following table:

<u>Actual</u>	<u>Number Patient Visits</u>	<u>Average Number Patients/ Physician/Day</u>
1978	609	20
1979	2,083	18
1980	4,978	23
1981	6,787	27
1982	7,095	31
1983	9,726	31
<u>Forecasted</u>	<u>Number Patient Visits</u>	<u>Average Number Patients/ Physician/Day</u>
1984	20,450	30
1985	28,800	30
1986	28,800	30

The forecasts for 1984 through 1986 are based on information obtained from physicians, expected physician availability, the potential patient service area, and national trends in the provision of ambulatory health care.

The key assumptions which underly the forecasted utilization of the LCI program are:

- The population and economy in LCI's service area will grow at a moderate but steady rate during the forecast period.
- LCI will be able to hire a fourth full-time physician. This will not result in an excess of health care providers in the primary service area.
- The service area population will seek primary health care services from LCI.

ANCILLARY SERVICE FORECASTS

Based upon comparable ambulatory care center statistics and national statistics, the following units of ancillary services have been forecasted:

<u>Fiscal Year</u>	<u>Laboratory Procedures</u>	<u>Radiology Procedures</u>
1984	7,200	2,400
1985	8,650	2,900
1986	8,800	3,000

The laboratory and radiology services projections are proportional to the number of patient visits. It is forecasted that there will be approximately three laboratory procedures performed for every ten patients seen by a physician. These use rates are slightly higher than the national average but are comparable to another primary health care provider in the area. Additional laboratory and radiology procedures will be performed for patients not seeing a physician (during follow-up visits) and for quality control purposes.

PATIENT SERVICE REVENUES

Revenues resulting from physician services to patients have been forecasted by applying the expected average routine service charges to the forecasted patient visits. The routine service charges were based on those presently in effect at LCI, adjusted for forecasted increases in cost.

Current charge rates at LCI are comparable with those of other primary care providers. Revenues for ancillary services were forecasted by applying an average charge rate to the estimated units of service.

A summary of average charges per patient for each year of the forecast are shown below:

	<u>1984</u>	<u>1985</u>	<u>1986</u>
Physicians	\$9.50	\$10.45	\$16.93
X-ray	-	1.37	1.81
Laboratory	<u>-</u>	<u>2.75</u>	<u>3.63</u>
TOTAL	<u>\$9.50</u>	<u>\$14.57</u>	<u>\$16.93</u>

LCI will become eligible to receive reimbursement directly from third-party payors (Medicare, Medicaid, Blue Cross) upon receiving approval from the State Department of Health to operate as a provider of primary health care. Third-party payors generally reimburse such providers on a "reasonable charge" basis. Current reimbursement of a similar facility by third-party payors is in excess of average charges forecasted for LCI in 1986.

PROVISION FOR UNCOLLECTIBLE PATIENT ACCOUNTS RECEIVABLE AND OTHER CONTRACTUAL ALLOWANCES

The provision for losses on uncollectible patient accounts receivable and other allowances has been included in the forecasts at approximately 2 1/2 percent of gross revenue.

OTHER REVENUE

Other revenue includes forecasted income from rental of a building owned by LCI to a dentist, a contract for school physicals, and other miscellaneous revenue. The amounts included in the forecasts have been estimated on the basis of other revenue earned in the past by LCI, adjusted for expected volume and price changes.

OPERATING EXPENSES

Staffing requirements were developed according to present staffing patterns of the facility and have been adjusted for the forecasted operating levels. The forecasts result in the following full-time equivalent employees (FTEs).

	Year Ended April 30		
	<u>1984</u>	<u>1985</u>	<u>1986</u>
Physicians	2.5	3.5	4.0
Administrator	1.0	1.0	1.0
Nurse clinician	1.0	1.0	1.0
Nurses	3.0	4.0	4.0
Laboratory and X-ray technicians	1.5	1.5	1.5
Medical secretaries	2.0	2.0	2.0
Receptionists	2.0	2.0	2.0
Custodian	1.0	1.0	1.0
TOTAL	<u>14.0</u>	<u>14.0</u>	<u>14.0</u>

Estimated expenses for salaries and wages were based upon these staffing requirements and the average hourly rates of employees currently on the facility's payroll. These rates were adjusted to reflect management's projection of annual wage increases of approximately 8 percent.

Fringe benefits have been estimated on the basis of LCI's past experience, adjusted for foreseeable changes and are projected to be approximately 18 percent of wage and salary costs. These benefits include payroll taxes, group life and group hospitalization insurance.

Supplies and other expenses were developed according to forecasted units of service and unit costs. Based upon an analysis of historical and current data, unit costs of supplies and other expenses have been forecasted to increase from 7 to 10 percent per year, except for malpractice insurance rates and utility costs. Utility costs were

increased at a rate of 20 percent during the forecast period. Forecasted malpractice insurance expense was based upon estimates of future insurance premiums and insurance availability provided by LCI's insurance carrier. Forecasted increases in malpractice insurance expense average 20 percent over the forecast period.

PROVISIONS FOR DEPRECIATION OF BUILDINGS AND EQUIPMENT

Depreciation on buildings, fixed equipment, remodeling and movable equipment relating to the new and remodeled facilities has been provided in the financial statement forecasts using the straight-line depreciation method and the following estimated useful lives:

Building	40 years
Movable equipment	10 years

Depreciation on existing property, plant, and equipment has been provided in accordance with established useful lives using the straight-line method.

LONG-TERM DEBT

The financial statement projections are based on the assumption that LCI enters into a mortgage agreement with the Farmers Home Administration (USDA). This mortgage will be closed upon obtaining approval to operate as a health care provider from the State Health Department. The first payments on the mortgage are scheduled to commence in January 1984. The amount of interest and principal repayments have been computed based upon an estimated interest rate of 5 percent and a life of 40 years. Both the interest rate and lifespan of the facility were stipulated by FmHA.

Interim construction financing (for the addition to the facility) has been provided by a commercial bank at a rate of 9 1/2 percent.

The agreement between the Farmers Home Administration and LCI states that all revenue be set aside in a separate account to be designated the Revenue Fund Account. Monies deposited therein shall be expended and used only in the manner and order as follows:

- 1) Debt Service Account. Each month, there shall be transferred from the Revenue Fund Account to the Debt Service Account (before any other expenditure or transfer therefrom), a sum equal to at least 1/12 of the annual installment becoming due on the succeeding January 1. The purpose of such transfers is payment of the note installments.

If LCI for any reason fails to make the required transfers, an amount equal to the deficiency shall be set aside and credited to the Debt Service Account from the gross revenues in the ensuing month or months. This amount shall be in addition to the regular credits required during the succeeding month or months.

- 2) Operations and Maintenance Account. After the transfer required in section (1), there shall be set aside and credited to the Operation and Maintenance Account each month a sufficient portion of the balance of the income and revenue remaining in the Revenue Fund Account to pay the reasonable and necessary current expenses of operating and maintaining the Facility for the current month.

- 3) Reserve Account. From the funds remaining in the Revenue Fund Account (after the above transfers have been made) there shall be set aside and credited to the Reserve Account 1/60 of the annual installment each month until there is accumulated in that fund a sum equal to the annual installment on the loan, after which no further credits need be made except to replace withdrawals. The Reserve Account shall be used only for paying the cost of repairing or replacing any damage to the Facility which may be caused by an unforeseen catastrophe, making extensions or improvements to the Facility with the prior written approval of the Government, and, when necessary, making debt service payments on the note in the event the amount in the Debt Service Account is insufficient to meet such payments. Whenever disbursements are made from the Reserve Account, monthly credits shall be resumed until there is again accumulated the amount equal to the annual installment, at which time credits may be discontinued.

Whenever amounts in excess of the requirements of sections (1), (2), and (3) are accumulated in the Revenue Fund Account, the excess may be used by the Clinic to make payments on the loan. The accounts required by sections (1), (2), and (3) may be established and maintained either as bookkeeping accounts or as separate bank accounts at the election of LCI, unless otherwise directed by the Government.

CURRENT ASSETS AND CURRENT LIABILITIES

Accounts receivable, accounts payable and accrued salaries and wages were estimated and are summarized below:

Accounts Receivable, Net	-45 days of net patient service revenue
Accounts Payable	-30 days of operating expenses
Accrued Wages and Salaries and Related Liabilities and Professional Fees	-1 week of salaries

LOCAL CLINIC, INC.

STATEMENT OF FORECASTED REVENUE AND EXPENSES

YEARS ENDING APRIL 30

	<u>1984</u>	<u>1985</u>	<u>1986</u>
Revenue:			
From Medical Services:			
Physicians	\$ 68,400	\$301,000	\$331,100
X-Ray	-	39,600	52,300
Laboratory	-	79,200	104,500
Other:			
School contract	5,100	8,800	9,700
Rental income	3,200	3,200	3,200
Rent from physicians	35,300	-	-
TOTAL OPERATING REVENUE	<u>112,000</u>	<u>431,800</u>	<u>500,800</u>
Operating Expenses:			
Salaries	95,000	262,100	288,800
Fringe benefits	11,900	36,500	38,700
Insurance expense	2,900	9,000	10,600
Interest expense	26,200	29,300	28,300
Depreciation	21,300	34,200	35,100
Local taxes & repairs	1,900	2,000	2,200
Heat, light, power	8,700	11,200	12,000
Telephone	6,000	8,700	9,300
Supplies	18,300	51,500	60,500
Legal & professional	4,900	5,900	7,100
Miscellaneous	7,800	1,400	1,500
Bad debt expense	<u>1,700</u>	<u>10,500</u>	<u>12,200</u>
TOTAL OPERATING EXPENSE	<u>206,600</u>	<u>462,300</u>	<u>505,800</u>
NET OPERATING INCOME (LOSS)	(94,600)	(30,500)	(5,000)
Other Income:			
Gain from sale of property	4,000	-	-
Donations	40,000	10,000	10,000
	<u>44,000</u>	<u>10,000</u>	<u>10,000</u>
Net income (loss)	(50,600)	(20,500)	(5,000)
Fund balance at beginning of year	541,100	490,500	470,000
FUND BALANCE AT END OF YEAR	<u>\$490,500</u>	<u>\$470,000</u>	<u>\$475,000</u>

See assumptions and rationale related to forecasted financial statements.

LOCAL CLINIC, INC.

STATEMENT OF FORECASTED CASH FLOW

YEARS ENDING APRIL 30

	<u>1984</u>	<u>1985</u>	<u>1986</u>
Balance at beginning of year	\$ 5,100	\$108,600	\$70,000
Cash provided from:			
Excess (deficiency) of revenues over expenses	(50,600)	(20,500)	5,000
Add items charged against operations not requiring cash:			
Depreciation	<u>21,300</u>	<u>34,200</u>	<u>35,100</u>
CASH PROVIDED FROM (USED IN) OPERATIONS	(29,300	13,700	40,100
Increase in accounts payable and accrued liabilities	900	7,500	1,300
Payment of pledges	80,000	56,000	14,000
Collection of notes receivable	5,000	-	-
Collection of rents receivable	19,600	-	-
Proceeds from long-term borrowing	<u>460,000</u>	<u>50,000</u>	<u>-</u>
TOTAL CASH PROVIDED	<u>536,200</u>	<u>127,200</u>	<u>55,400</u>
TOTAL CASH AVAILABLE	<u>541,300</u>	<u>235,800</u>	<u>125,400</u>
Deduct cash expended for:			
Payment of notes payable to officer	12,000	-	-
Payment of rental property mortgage	25,000	-	-
Additions to fixed assets - net	66,000	130,000	10,500
Increase in accounts receivable	25,700	26,800	8,500
Payment of bank loans	265,000	-	8,100
Payment of FHA mortgage	1,200	3,700	4,000
Payment of construction accounts payable	37,800	-	-
Escrow provision for FHA mortgage	-	5,300	5,300
Cash used to fund depreciation	<u>-</u>	<u>-</u>	<u>7,700</u>
TOTAL CASH EXPENDED	432,700	165,800	43,600
BALANCE AT END OF YEAR	<u>\$108,600</u>	<u>\$ 70,000</u>	<u>\$ 81,800</u>

See assumptions and rationale related to forecasted financial statements.

LOCAL CLINIC, INC.

FORECASTED BALANCE SHEET

Years Ended April 30

	1984	1985	1986	1984	1985	1986
ASSETS						
CURRENT ASSETS						
Cash	\$ 108,600	\$ 70,000	\$ 81,000			
Pledges receivable	66,400	14,000	-			
Accounts receivable	25,700	52,500	61,000			
TOTAL CURRENT ASSETS	200,700	136,500	142,800			
OTHER ASSETS						
Pledges receivable from Medical Center Fund Drive	3,600	-	-			
Marketable securities	6,500	6,500	6,500			
Mortgage escrow	-	5,300	10,600			
Cash restricted for depreciation funding	-	-	7,700			
PROPERTY PLANT AND EQUIPMENT						
Land	17,600	17,600	17,600			
Health building	714,400	714,400	714,400			
Rental property	36,900	36,900	36,900			
Equipment	27,100	157,100	167,100			
Less allowance for depreciation	(36,800)	(71,000)	(106,100)			
PROPERTY, PLANT AND EQUIPMENT (NET)	759,200	855,000	829,900			
TOTAL ASSETS	\$970,000	\$1,003,300	\$97,500			
LIABILITIES						
CURRENT LIABILITIES						
Accounts payable and accrued payroll						
Current maturities of longterm debt				\$ 4,700	\$ 12,200	\$ 13,500
TOTAL CURRENT LIABILITIES				8,500	24,300	26,600
LONG-TERM DEBT						
Mortgage payable				16,000	16,000	16,000
FHA Loan - less current portion				455,000	451,100	446,900
Note payable to bank - less current portion				-	41,900	33,000
FUND BALANCE				490,500	470,500	475,000
TOTAL LIABILITIES AND FUND BALANCE				\$ 970,000	\$1,003,300	\$ 997,500

AMBULATORY CLINIC LOAN FEASIBILITY CHECKLIST

LOAN EVALUATION FACTORS	Standard Value*	Actual Value	Factors Considered	
			Yes	No
<u>Project Description</u>				
1. Identifying information	N/A	N/A	___	___
2. Type of ownership (public, nonprofit, etc.)	N/A	Nonprofit	___	___
3. Form of ownership (sole proprietorship, partnership, or corporation)	N/A	Corporation	___	___
4. Type of construction or service proposed (new, replacement, expansion, or renovation)	N/A	New	___	___
5. Size of expansion (square feet)	N/A	N/A	___	___
6. Certificate of need (or 1122) approval	N/A	N/A	___	___
7. Estimated construction costs	N/A	\$524,800	___	___
8. Estimated increase in service capacity (number of visits, etc.)	N/A	1.96	___	___
9. Estimated cost escalation per month to bid date	N/A	--	___	___
10. Pro forma financial statements obtained from certificate of need application	N/A	N/A	___	___
11. Narrative support from certificate-of-need	N/A	N/A	___	___
12. Facility ownership of 5% or greater disclosed	N/A	N/A	___	___
<u>Assessment of Demand</u>				
1. Primary service area correctly defined	51%	85%	___	___
2. Independent demand and feasibility studies done for new facility	N/A	N/A	X	___
3. Effects on existing facilities considered	N/A	N/A	X	___
4. Commitment of necessary physicians				
--List of physicians by name, age, specialty, and annual admissions for past 3-5 years	N/A	N/A	X	___
--Change in physician composition since feasibility study	N/A	N/A	X	___
5. Large scale immigration forecast	N/A	N/A	X	___
6. Large scale outmigration forecast	N/A	N/A	___	X
7. Service area population growth increasing	N/A	5%	X	___
8. Service area birth rate per thousand	12.5-15.0	___	___	X
9. Percent of population over 65	N/A	12%	X	___
--increasing	N/A	N/A	___	___
10. Increase in local third-party coverage for preventive and ambulatory services	N/A	N/A	___	X
11. Physicians per 100,000 population	125-200	___	___	X
12. Number of emergency room visits per inpatient admission	1.9-2.2	___	___	X
13. Number of hospital outpatient visits per thousand population	800-1,200	___	___	X
14. Significant increase in visits adequately justified	N/A	N/A	X	___
15. Ambulatory clinic demand analysis sheet completed (page A-2)	N/A	N/A	X	___

* If appropriate

AMBULATORY CLINIC LOAN FEASIBILITY CHECKLIST (Cont.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	Value*	Value	Considered	
			Yes	No
<u>Revenue Forecast</u>				
1. Third-party payment as percent of net revenues	N/A	N/A	___	<u>X</u>
2. Facility integral part of hospital financial structure	N/A	N/A	___	<u>X</u>
3. Historical 3-5 year in-patient routine revenue per day	N/A	___	<u>X</u>	___
4. Annual forecasted increase in per diem charges	N/A	___	<u>X</u>	___
5. Unresolved third-party settlement amounts	N/A	N/A	<u>X</u>	___
6. Change in mix among third-party payors considered	N/A	N/A	___	<u>X</u>
7. Exceed rates of competitive facilities	N/A	N/A	___	<u>X</u>
8. Percent of Medicaid and other charge payors	N/A	___	___	<u>X</u>
9. Other operating revenue as percent of net total patient revenue	N/A	___	<u>X</u>	___
10. Non-operating revenue as percent of net total patient revenue	N/A	___	<u>X</u>	___
11. Substantial forecasted revenue from gifts, endowments, pledges, and grants justified	N/A	N/A	___	<u>X</u>
12. Amount of non-operating funds unrestricted	N/A	___	___	<u>X</u>
13. Revenue forecast assumptions known	N/A	N/A	<u>X</u>	___
<u>Operating Expenses and Debt Service Forecast</u>				
1. All major operating expenses forecasted	N/A	N/A	<u>X</u>	___
2. Percent of patients referred to other physicians	N/A	___	___	<u>X</u>
3. Inflation factor considered	1.4-1.8%/mo.	___	___	<u>X</u>
4. Straight line depreciation method used	N/A	N/A	<u>X</u>	___
5. Appropriate useful life and salvage value used	N/A	N/A	<u>X</u>	___
6. Interest rates used are reasonable	N/A	N/A	<u>X</u>	___
7. Unusual or significant loan agreement restrictions	N/A	N/A	<u>X</u>	___
8. Debt amortization schedule	N/A	N/A	<u>X</u>	___
9. All financing costs considered	N/A	N/A	<u>X</u>	___
10. Special fund created or funded depreciation required	N/A	N/A	<u>X</u>	___
11. Other types of financing considered	N/A	N/A	<u>X</u>	___

* If appropriate.

AMBULATORY CLINIC FEASIBILITY CHECKLIST (Cont.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	Value*	Value	Considered	
			Yes	No
<u>Forecasted Financial Statements</u>				
1. Statement of Revenue and Expenses	N/A	N/A	<u>X</u>	_____
2. Statement of Cash Flow	N/A	N/A	<u>X</u>	_____
3. Statement of Financial Condition (Balance Sheet)	N/A	N/A	<u>X</u>	_____
4. Statement of Changes in Fund Balances	N/A	N/A	<u>X</u>	_____
5. Comparison of differences in <u>pro forma</u> financial statement submitted to FmHA and to certificate-of-need agency	N/A	N/A	<u>X</u>	_____
<u>Financial Ratio Analysis</u>				
1. Financial ratio analysis performed	N/A	N/A	<u>X</u>	_____
<u>Management Analysis</u>				
1. Trustee or owner background examined	N/A	N/A	_____	<u>X</u>
2. Degree of facility's community service	N/A	N/A	<u>X</u>	_____
3. Past facility fund raising success	N/A	N/A	_____	<u>X</u>
4. Degree of volunteer involvement	N/A	N/A	<u>X</u>	_____
5. Local medical community support	N/A	N/A	<u>X</u>	_____
6. Suitable living areas for professionals	N/A	N/A	<u>X</u>	_____
7. Management knowledge and experience	N/A	N/A	<u>X</u>	_____
8. Facility accreditation and affiliations	N/A	N/A	<u>X</u>	_____
9. Facility in compliance with public health and fire safety standards	N/A	N/A	<u>X</u>	_____
10. Staff morale and turnover	5-10%	_____	_____	<u>X</u>
11. Use of recent technology advances	N/A	N/A	<u>X</u>	_____
12. Presence of internal peer review mechanism	N/A	N/A	<u>X</u>	_____
13. Accounts receivable as percent of current assets	55-90%	_____	<u>X</u>	_____
14. Bad debts as percent of accounts receivable	3-7%	_____	<u>X</u>	_____
15. Current aging schedule used	N/A	N/A	_____	<u>X</u>
16. Degree of borrowing to meet current liabilities	N/A	N/A	<u>X</u>	_____
17. Discounting or factoring of accounts receivable	N/A	N/A	<u>X</u>	_____
18. Maximization of third-party reimbursement efforts effective	N/A	N/A	_____	<u>X</u>
19. Timeliness and accuracy of third-party claim filings	N/A	N/A	<u>X</u>	_____
20. Practice of competing large procurements	9.63%	_____	_____	<u>X</u>
21. Delinquency in vendor payments	N/A	N/A	_____	<u>X</u>
22. Application of physician specialty staffing ranges per 10,000 patients (see Chapter X)	N/A	N/A	<u>X</u>	_____
23. Application of non-physical staffing ranges per 10,000 patient population (see Chapter X)	30.75%	_____	<u>X</u>	_____

AMBULATORY CLINIC DEMAND ANALYSIS SHEET

				If Value Outside Range, See Page:	
Number	Source Item	Source	Amount		
A	Service Area MD's Delivering Primary Care (%)	Feas. Study	<u>14</u>		
B	Forecasted Service Area Annual E.R. Visits	Feas. Study	<u>0</u>		
C	Forecasted Service Area Annual OPD Visits	Feas. Study	<u>0</u>		
D	Service Area Population	Feas. Study	<u>26000</u>		
E	Anticipated Annual Visits at Proposed Facility	Applicant	<u>28800</u>		
F	Forecasted Annual Lab	Applicant	<u>8800</u>		
G	Forecasted Radiology Proce- dures at Proposed Facility	Applicant	<u>3000</u>		
H	Physicians to be on Staff at Proposed Facility	Applicant	<u>4</u>		
I	Para-Professionals to be on Staff at Proposed Facility	Applicant	<u>8.5</u>		
Analytical Item		Calculation	Amount		
J	Service Area Annual Outpatient Visits/1000 Pop.	$(B+C+E) \times 1000 \div D$	<u>1108</u>	800 - 1200	XI-27
L	Service Area Pop/Physician	$D \div A$	<u>1857</u>	1500 - 2250	XI-27
K	Visits Per Staff MD Per Week	$E \div (H \times 50)$	<u>144</u>	135 - 170	XI-27
L	Service Area Populatin/ Para-Professional	$D \div I$	<u>3058</u>	1000 - 1750	
M	Lab Tests Per Visit	$F \div E$	<u>.306</u>	0.1 - 0.3	XI-28
N	Radiology Procedures Per Visit	$G \div E$	<u>.104</u>	0.005 - 0.2	XI-28

II. GOVERNMENT AND ASSOCIATION
DIRECTORIES

HEALTH SYSTEMS AGENCIES

HSA TOTAL = 132

ALASKA

HEALTH SERVICE AREA 1

SOUTHEAST ALASKA HEALTH SYSTEMS AGENCY
P.O. BOX 7015
KETCHIKAN, ALASKA 99901
(907)225-9681
HOWARD GABRIEL PHD, DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT AT LARGE

ARTHUR WILLMAN
PRESIDENT, GOVERNING BODY
PMS ALASKA NATIVE HOSPITAL
P.O. BOX 4577
SITKA, ALASKA 99835

HEALTH SERVICE AREA 2

SOUTH CENTRAL HEALTH PLANNING
& DEVELOPMENT INC.
1135 WEST EIGHTH AVENUE, SUITE 1
ANCHORAGE, ALASKA 99501
(907)278-3631

RON HAINJETT, DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT AT LARGE

LILLIE MCGARVEY
PRESIDENT, GOVERNING BODY
4230 LAHDE DRIVE
ANCHORAGE, ALASKA 99501

HEALTH SERVICE AREA 3

NORTHERN ALASKA HEALTH RESOURCES
ASSOCIATION, INC.
529 FIFTH AVENUE, SUITE 8
FAIRBANKS, ALASKA 99701
(907)456-2553

DR. CHARLES KALTENBACH, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT AT LARGE

PAUL SHERRY
PRESIDENT, GOVERNING BODY
TANANA CHIEFS CONFERENCE
307 1ST AVENUE
FAIRBANKS, ALASKA 99701

ARIZONA

HEALTH SERVICE AREA 1

CENTRAL ARIZONA HEALTH SYSTEMS AGENCY
124 WEST THOMAS ROAD
PHOENIX, ARIZONA 85007
(602)263-5277
KEN DRIGGS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-4

RUDY CAMPDELL
CHAIRMAN, GOVERNING BODY
CHAIRBELL, SCHNEIDERGER & ASSOCIATES
2326 SOUTH MCCLINTOCK
TEMPE, ARIZONA 85282

HEALTH SERVICE AREA 2

HEALTH SYSTEMS AGENCY OF
SOUTHEASTERN ARIZONA
100 N. STONE AVE., SUITE 305
TUCSON, ARIZONA 85701
(602)623-5733

PHILLIP LOPES, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2-4

DR. EUGENE SEKLECKI
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3945 NORTH PANTANO ROAD
TUCSON, ARIZONA 85715

HEALTH SERVICE AREA 3

NORTHERN ARIZONA HEALTH SYSTEMS AGENCY
121 EAST BIRCH, SUITE 503
P.O. BOX 896
FLAGSTAFF, ARIZONA 86002
(602)779-0325

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REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 3,4

DEBORAH HARMON
CHAIRMAN, GOVERNING BODY
1008 APACHE AVENUE
WINSTON, ARIZONA 86047

ARIZONA

HEALTH SERVICE AREA 4

NAVAJO HEALTH SYSTEMS AGENCY
NAVAJO TRIBAL COUNCIL
P.O. BOX 604
WINDOW ROCK, ARIZONA 86515
(602)871-5513
HAROLD STRICH, EXEC. DIRECTOR
LOCAL GOVERNMENT
CONGRESSIONAL DISTRICTS 3,4 (AZ)
2 (NM) 1 (UT)

TAYLOR MCKENZIE, MD
PRESIDENT, GOVERNING BODY
P.O. BOX 160
SHIPROCK, NEW MEXICO 84270

HEALTH SERVICE AREA 5

WESTERN ARIZONA HEALTH SYSTEMS AGENCY
CENTURY PLAZA
281 WEST 24TH STREET - SUITE 144
YUITA, ARIZONA 85364
(602)726-8300

LAURENCE NIELSCH, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 3

DR. DANIEL W. WYNKOOP
CHAIRMAN, GOVERNING BODY
305 WEST BEALE STREET
KINGMAN, ARIZONA 86401

ARKANSAS

HEALTH SERVICE AREA 1

W ARKANSAS HEALTH SYSTEMS AGENCY, INC.
P.O. DRAWER H
RUSSELLVILLE, ARKANSAS 72801
(501)938-2229
ROBERT HETTINGA, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2-4

HARLAN MCMILLAN, PH.D.
PRESIDENT, GOVERNING BODY
320 SOUTH UTAH
RUSSELLVILLE, ARKANSAS 72801

ARKANSAS

HEALTH SERVICE AREA 2

DELTA-HILLS HEALTH SYSTEMS AGENCY, INC.
1301 MCCLAIN AND PECAN STREET
NEWPORT, ARKANSAS 72112
(501)523-8973
JOHN T. ROREX, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

JOHN E. MILLER
PRESIDENT, GOVERNING BODY
P.O. BOX 436
MELBOURNE, ARKANSAS 72556

HEALTH SERVICE AREA 3

C ARKANSAS HEALTH SYSTEMS AGENCY, INC.
7509 CANTRELL ROAD, SUITE 224
LITTLE ROCK, ARKANSAS 72207
(501)663-5512
J. LARRY TAYLOR, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

ERNEST TRICE
PRESIDENT, GOVERNING BODY
P.O. BOX 635
DES ARC, ARKANSAS 72040

HEALTH SERVICE AREA 4

S ARKANSAS HEALTH SYSTEMS AGENCY, INC
1920 NORTH COLLEGE STREET
P.O. BOX 1917
EL DORADO, ARKANSAS 71730
(501)862-7951
BERNAYS B. MALIN, JR., EXEC DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2,4

LESTER M. SITZES, JR., D.D.S.
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1819 SOUTH MAIN
HOPE, ARKANSAS 71810

CALIFORNIA

HEALTH SERVICE AREA 1

NORTHERN CALIFORNIA HLTH SYSTEMS AGCY
813 E. 5TH AVENUE
CHICO, CALIFORNIA 95926
(916)895-4461
PATRICIA JAKOBI, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2,4

EVERETT L. BECK
PRESIDENT, GOVERNING BODY
MAYER'S MEMORIAL HOSPITAL
P.O. BOX 459
FALL RIVER MILLS, CALIFORNIA 96023

HEALTH SERVICE AREA 2

GOLDEN EMPIRE HEALTH SYSTEMS AGENCY
COUNTY ADMINISTRATION BUILDING
827 7TH STREET, 4TH FLOOR, ROOM 431
SACRAMENTO, CALIFORNIA 95814
(916)447-3201
RICK BADGER, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 1,3,4,14

PATRICIA SUTTON
CHAIRPERSON, GOVERNING BODY
827-7TH STREET, 4TH FLOOR, ROOM 431
SACRAMENTO, CALIFORNIA 95814

HEALTH SERVICE AREA 3

NORTH BAY HEALTH SYSTEMS AGENCY
55 MARIA DRIVE, SUITE 837
PETALUMA, CALIFORNIA 94952
(707)762-4591
A. LEE DICKERSON, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 2,4,5

PAT GROSCH, R.N.
PRESIDENT, GOVERNING BODY
1720 PEGGY COURT
PETALUMA, CALIFORNIA 94952

CALIFORNIA

HEALTH SERVICE AREA 5

ALAMEDA-CONTRA COSTA HLTH SYSTEMS AGCY
235 WEST MACARTHUR BLVD., SUITE 700
OAKLAND, CALIFORNIA 94611
(415)652-5566
CLIFFORD CARPENTER, EXEC. DIRECTOR
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CONGRESSIONAL DISTRICTS 8,9

JUDGE KEN KAUAIACHI
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OAKLAND, CALIFORNIA 94612

HEALTH SERVICE AREA 6

NORTH SAN JOAQUIN VALLEY
HEALTH SYSTEMS AGENCY
2937 VEREMAN AVENUE, SUITE 245
MODESTO, CALIFORNIA 95356
(209)529-5080
G. MICHAEL GALLAGHER, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 14,15

JOHN TRUSSLER
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EMANUEL MEDICAL CENTER
825 DELDON
TURLOCK, CALIFORNIA 95360

HEALTH SERVICE AREA 7

SANTA CLARA COUNTY HEALTH SYSTEMS AGCY
852 NORTH FIRST STREET
SAN JOSE, CALIFORNIA 95112
(408)292-9572
BRIAN DOBSON, EXEC. DIRECTOR
LOCAL GOVERNMENT
CONGRESSIONAL DISTRICTS 10,12,13

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CHAIRMAN, GOVERNING BODY
MEDICAL VILLAGE OF SARATOGA
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SARATOGA, CALIFORNIA 95070

CALIFORNIA

HEALTH SERVICE AREA 8

MID-COAST HEALTH SYSTEMS AGENCY
76 STEPHANIE DRIVE
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SALINAS, CALIFORNIA 93901
(408)757-2044
DAVID WRIGHT, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 16,19

LORETTE WOOD
PRESIDENT, GOVERNING BODY
121 SHELTER LAGOON DRIVE
SANTA CRUZ, CALIFORNIA 95060

HEALTH SERVICE AREA 9

CENTRAL CALIFORNIA
HEALTH SYSTEMS AGENCY
208 WEST MAIN STREET, SUITE 9
VISALIA, CALIFORNIA 93291
(209)733-8676
MARLENE CHECEL, EXEC. DIRECTOR
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CONGRESSIONAL DISTRICTS 15,17,18

JOSEPH HUMMEL
PRESIDENT, GOVERNING BODY
KERN MEDICAL CENTER
1830 FLOWER STREET
BAKERSFIELD, CALIFORNIA 93305

HEALTH SERVICE AREA 10

VENTURA-SANTA BARBARA
HEALTH SYSTEMS AGENCY
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VENTURA, CALIFORNIA 93006
(805)648-7939
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NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 19

NATHANIAL GLICKMAN
PRESIDENT, GOVERNING BODY
365 SHERWOOD COURT
THOUSAND OAKS, CALIFORNIA 91361

CALIFORNIA

HEALTH SERVICE AREA 12

INLAND COUNTIES HEALTH SYSTEMS AGENCY
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P.O. BOX 5950
RIVERSIDE, CALIFORNIA 92517
(714)825-7510
ERIC BEACHAM, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 14,18,36,37,43

KAY MASON
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1217 EAST HIGHLAND AVENUE
REDLANDS, CALIFORNIA 92373

HEALTH SERVICE AREA 13

ORANGE COUNTY HEALTH PLANNING COUNCIL
202 FASHION LAKE, SUITE 219
TUSTIN, CALIFORNIA 92680
(714)832-1841
STANLEY J. MATEK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 38-40

FRANCIS MACKAY, MD
PRESIDENT, GOVERNING BODY
101 EAST VALENCIA HESA DRIVE
FULLERTON, CALIFORNIA 92634

HEALTH SERVICE AREA 14

HEALTH SYSTEMS AGENCY
OF SAN DIEGO & IMPERIAL COUNTIES
2404 F STREET
SAN DIEGO, CALIFORNIA 92102
(714)237-1001
HARVEY SWEETWOOD, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 40-43

REV. LESLIE J. ATKINSON
CHAIRPERSON, GOVERNING BODY
OFFICE OF RELIGIOUS AFFAIRS, UCSD
LA JOLLA, CALIFORNIA 92093

COLORADO

HEALTH SERVICE AREA 2

SE COLORADO HLTH SYSTEMS AGENCY, INC.
130 EAST K10JA
COLORADO SPRINGS, COLORADO 80903
(303)475-9395
NANCY J. SANFORD, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,5

MICHAEL BLOOM
CHAIRMAN, GOVERNING BODY
20607 ROAD, DD5
ROCKY FORD, COLORADO 81067

CONNECTICUT

HEALTH SERVICE AREA 2

HEALTH SYSTEMS AGENCY
OF SOUTH CENTRAL CONNECTICUT, INC.
131 BRADLEY ROAD
WOODBRIDGE, CONNECTICUT 06525
(203)397-5400
NORRIS NELSON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,5

PATRICIA H. PARKERTON
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71 COVENTRY CIRCLE
NORTH HAVEN, CONNECTICUT 06473

HEALTH SERVICE AREA 3

HEALTH SYSTEMS AGENCY
OF EASTERN CONNECTICUT, INC.
12 CASE STREET, SUITE 312
NORWICH, CONNECTICUT 06360
(203)886-1996
MARQUITA IADIANO, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 2

MERCEDES PRIMER
PRESIDENT, GOVERNING BODY
12 CASE ST., SUITE 312
NORWICH, CONNECTICUT 06360

HEALTH SYSTEMS AGENCIES

CONNECTICUT

HEALTH SERVICE AREA 4

HEALTH SYSTEMS AGENCY
NORTH CENTRAL CONNECTICUT
999 ASYLUM AVENUE
HARTFORD, CONNECTICUT 06105
(203)249-7581
RALPH S. POLLOCK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2,6

STEPHEN OWENS
PRESIDENT, GOVERNING BODY
1112 FARMINGTON AVENUE
WEST HARTFORD, CONNECTICUT 06107

HEALTH SERVICE AREA 5

NORTHWEST CONNECTICUT
HEALTH SYSTEMS AGENCY
20 EAST MAIN STREET, ROOM 324
WATERBURY, CONNECTICUT 06702
(203)757-9601
CHRISTINA A. FISHBEIN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,6

THEODORE H. J. VELING
PRESIDENT, GOVERNING BODY
20 EAST MAIN STREET, ROOM 324
WATERBURY, CONNECTICUT 06702

DELAWARE

HEALTH SERVICE AREA 1

DELAWARE HEALTH COUNCIL, INC.
1925 LOVERING AVENUE
WILMINGTON, DELAWARE 19806
(302)654-8991
GARY M. FERGUSON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS AT LARGE

ARNOLD L. LIPPERT, PHD
PRESIDENT, GOVERNING BODY
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HOCKESSIN, DELAWARE 19707

GEORGIA

HEALTH SERVICE AREA 2

APPALACHIAN GEORGIA HLTH SYSTEMS AGCY
P.O. BOX 829
CARTERSVILLE, GEORGIA 30120
(404)385-2431
CHARLES P. HEJUNKIN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6,7,9

R. FLEMING WEAVER
PRESIDENT, GOVERNING BODY
P.O. BOX 2357
GAINESVILLE, GEORGIA 30503

HEALTH SERVICE AREA 3

NORTH CENTRAL GEORGIA
HEALTH SYSTEMS AGENCY, INC.
KENNESAW LIFE BLDG., SUITE 602
1447 PEACHTREE STREET, NE
ATLANTA, GEORGIA 30309
(404)898-8600
ROBERT A. YOUNGERMAN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-7,9,10

DELUTHA H. KING, JR., MD
PRESIDENT, GOVERNING BODY
SUITE 207
2600 MARTIN LUTHER KING JR DRIVE
ATLANTA, GEORGIA 30311

HEALTH SERVICE AREA 4

EAST CENTRAL GEORGIA
HEALTH SYSTEMS AGENCY, INC.
GEORGIA RAILROAD BANK BUILDING
699 BROAD STREET, SUITE 1114
AUGUSTA, GEORGIA 30901
(404)724-9927
WILLIAM T. MCKEITTRICK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 1,9,10 (GA)
3 (SC)

EUGENE SPEER
PRESIDENT, GOVERNING BODY
2460 WRIGHTSBORO ROAD
AUGUSTA, GEORGIA 30910

GEORGIA

HEALTH SERVICE AREA 5

HEALTH SYSTEMS AGENCY
OF CENTRAL GEORGIA, INC.
P.O. BOX 2305
WARNER ROBINS, GEORGIA 31099
(912)922-2215
MARVIN MOLES, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 1-3,6,8,10 (GA)
3 (AL)

DAH DOLEMAN, JR.
PRESIDENT, GOVERNING BODY
4400 UTICA CIRCLE
COLUMBUS, GEORGIA 30503

ILLINOIS

HEALTH SERVICE AREA 1

COMPREHENSIVE HEALTH PLANNING
OF NORTHWEST ILLINOIS, INC.
206 WEST STATE STREET, SUITE 1008
ROCKFORD, ILLINOIS 61101
(815)868-0720

JOEL B. COHEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15,16,19

JANIS PRIDE
PRESIDENT, GOVERNING BODY
1307 WEST LINCOLN HWY., APT. 6112
DEKALB, ILLINOIS 60115

HEALTH SERVICE AREA 2

ILLINOIS CENTRAL HEALTH SYSTEMS AGENCY
5497 NORTH UNIVERSITY
PEORIA, ILLINOIS 61614
(309)692-7666
LAURENCE HEWELL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15,18,19

L. S. DOYLE
PRESIDENT, GOVERNING BODY
3315 NORTH SEMINARY STREET
GALESBURG, ILLINOIS 61401

ILLINOIS

HEALTH SERVICE AREA 3

WEST CENTRAL ILLINOIS
HEALTH SYSTEMS AGENCY, INC.
1 WEST OLD STATE CAPITOL PLAZA
SUITE 412
SPRINGFIELD, ILLINOIS 62701
(217)544-3412
PETER BRINCKERHOFF, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 18-22

THOMAS A. MACKEY, MD
PRESIDENT, GOVERNING BODY
WINCHESTER FAMILY PRACTICE CLINIC
WINCHESTER, ILLINOIS 62694

HEALTH SERVICE AREA 4

EAST CENTRAL ILLINOIS HLTH SYS AGENCY
502 EAST JOHN STREET, SUITE 1707
CHAMPAIGN, ILLINOIS 61820
(217)333-3987
ALLAN HAHN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15,17,21,22

JUDY LIEBMAN

CHAIRMAN, GOVERNING BODY
234 MECHANICAL ENGINEERING BUILDING
URBANA, ILLINOIS 61801

HEALTH SERVICE AREA 5

COMPREHENSIVE HEALTH PLANNING
IN SOUTHERN ILLINOIS, INC.
608 EAST COLLEGE STREET
P.O. BOX 3698
CARBONDALE, ILLINOIS 62901
(618)549-2161
MARTIN ANDERSON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 22,24

FLOYD CUNNINGHAM
PRESIDENT, GOVERNING BODY
FRANKLIN WILLIAMSON COUNTY
P.O. BOX 401
PERRIN, ILLINOIS 62948

ILLINOIS

HEALTH SERVICE AREA 6

COMMISSION FOR HEALTH PLANNING AND
RESOURCES DEVELOPMENT
205 WEST RANDOLPH STREET, SUITE 800
CHICAGO, ILLINOIS 60606
(312)346-6820
PHILIP R. DAVIS, EXEC. DIRECTOR
LOCAL GOVERNMENT
CONGRESSIONAL DISTRICTS 1,2,5,7-9,11

RUTH ROTHSTEIN
CHAIRPERSON, GOVERNING BODY
15TH & CALIFORNIA STREETS
CHICAGO, ILLINOIS 60608

HEALTH SERVICE AREA 7

SUBURBAN COOK/DUPAGE
HEALTH SYSTEMS AGENCY, INC.
1010 LAKE STREET
OAK PARK, ILLINOIS 60301
(312)524-9700
RICHARD SEJELL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2-4,6,10,12,
14,17

DONALD E. CHAPMAN
PRESIDENT, GOVERNING BODY
5340 WEST 102ND STREET
OAK LAWN, ILLINOIS 60453

HEALTH SERVICE AREA 8

HEALTH SYSTEMS AGENCY FOR KANE,
LAKE AND MCHESEY COUNTIES, INC.
183 SOUTH NORTHWEST HIGHWAY
CARY, ILLINOIS 60013
(312)639-0061
RICHARD JANISZEWSKI, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 12,13,15,16

MARY BARR JOHNSON
PRESIDENT, GOVERNING BODY
971 HATHORNE
LAKE FOREST, ILLINOIS 60045

ILLINOIS

HEALTH SERVICE AREA 9

REGION 9 HEALTH SYSTEMS AGENCY, INC.
1 EAST DORIS AVE. ROOM 204
JOLIET, ILLINOIS 60433
(815)726-2232
VINCEIL SWEARINGEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15,17

RICHARD DUNN
CHAIRMAN, GOVERNING BODY
941 NORTH RIVER DRIVE, APT. 306
KAN KA KEE, ILLINOIS 60901

HEALTH SERVICE AREA 10

IOWA-ILLINOIS HEALTH ALLIANCE
2806 EASTERN AVENUE, COTTAGE #7
DAVENPORT, IOWA 52803
(319)322-1847
KEVIN C. KINGFIELD, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 19 (IL), 1 (IA)

DARRELL E. SLEDGISTER
PRESIDENT, GOVERNING BODY
1735 PICADILLY PLACE
DAVENPORT, IOWA 52807

IOWA

HEALTH SERVICE AREA 1

HEALTH POLICY CORPORATION OF IOWA
700 FLEMING BUILDING
218 SIXTH AVENUE
DES MOINES, IOWA 50309
(515)244-1211
PAUL PIETZSCH, EXECUTIVE DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-6 (IA)
1,2 (NS)

CHARLES JOHNSON
CHAIRMAN, GOVERNING BODY
1206 HULBERRY
DES MOINES, IOWA 50309

HEALTH SERVICE AREA 3 - INTERSTATE
(SEE ILLINOIS AREA 10)

HEALTH SYSTEMS AGENCIES

KANSAS

HEALTH SERVICE AREA 2
NSA OF NORTHEAST KANSAS, INC.
BUCHANAN CENTER, SUITE 101
1125 S.W. BUCHANAN
TUPEKA, KANSAS 66604
(913)233-3385
GUILLERMO BARRETO-BETA, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-5

ROBERT STOCKING
PRESIDENT, GOVERNING BODY
P.O. BOX 209
MOUND CITY, KANSAS 66056

HEALTH SERVICE AREA 3

NSA OF SOUTHEAST KANSAS, INC.
335 NORTH WACO, SUITE 209
WICNITA, KANSAS 67202
(616)264-2861
MERRY STEINMEYER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,4,5

BRUCE SHULTZ
PRESIDENT, GOVERNING BODY
ARLINGTON, KANSAS 67514

KENTUCKY

HEALTH SERVICE AREA 1

KENTUCKY HEALTH SYSTEMS AGCY WEST, INC.
1241 BISHOP LANE, SUITE 401
LOUISVILLE, KENTUCKY 40218
(602)456-6460
LARRY NEWBY, PH.D., EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-6

MARY MULLINS
PRESIDENT, GOVERNING BODY
1241 BISHOP LANE, SUITE 401
LOUISVILLE, KENTUCKY 40218

MARYLAND

HEALTH SERVICE AREA 1

WESTERN MARYLAND HEALTH SYSTEMS AGENCY
ALCOQUIN - SUITE 301
BALTIMORE & GREENE STREETS
CUMBERLAND, MARYLAND 21502
(301)724-1616
JAMES R. STANTON, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICT 6

MARY G. WILLIAMS
CHAIRMAN, GOVERNING BODY
ALCOQUIN-SUITE 301
BALTIMORE & GREENE STREETS
CUMBERLAND, MARYLAND 21502

HEALTH SERVICE AREA 2

DEPARTMENT OF HEALTH SYSTEMS PLANNING
MONTGOMERY COUNTY GOVERNMENT
50 MOHRE ST., THIRD FLOOR
ROCKVILLE, MARYLAND 20850
(301)279-8366
MAY C. HONG, ACT. EXEC. DIRECTOR
LOCAL GOVERNMENT
CONGRESSIONAL DISTRICTS 5,6,8

SARA HARRIS
CHAIRMAN, GOVERNING BODY
19329 FRENCNTON PLACE
GAITHERSBURG, MARYLAND 20760

HEALTH SERVICE AREA 3

SOUTHERN MARYLAND HEALTH SYSTEMS AGCY
P.O. BOX 85
CLINTON, MARYLAND 20735
(301)868-6206
ROBERT W. SHERWOOD, JR., EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 1,4,5

F. WILLIAM NARRISON
CHAIRMAN, GOVERNING BODY
4705 QUEBEC STREET
COLLEGE PARK, MARYLAND 20740

MARYLAND

HEALTH SERVICE AREA 4

CENTRAL MARYLAND HEALTH SYSTEMS AGENCY
501 ST. PAUL PLACE
BALTIMORE, MARYLAND 21202
(301)752-3500
MARSHALL SPURLOCK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-4,6,7

VIVIAN C. BAILEY
CHAIRMAN, GOVERNING BODY
501 ST. PAUL PLACE
BALTIMORE, MARYLAND 21202

HEALTH SERVICE AREA 5

HEALTH PLANNING COUNCIL
OF THE EASTERN SHORE, INC.
P.O. BOX 776
CAMBRIDGE, MARYLAND 21613
(301)228-8911
FRED DIERKS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1

KENNARD MERREY
PRESIDENT, GOVERNING BODY
P.O. BOX 776
CAMBRIDGE, MARYLAND 21613

MASSACHUSETTS

HEALTH SERVICE AREA 1

WESTERN MASSACHUSETTS
HEALTH PLANNING COUNCIL
59 INTERSTATE DRIVE
WEST SPRINGFIELD, MASSACHUSETTS 01089
(413)781-2845
NERBERT J. HOOVEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

ALEXINE L. JANISZEWSKI, RN
CHAIRPERSON, GOVERNING BODY
48 DEERFOOT DRIVE
EAST LONGMEADOW, MASSACHUSETTS 01028

MASSACHUSETTS

HEALTH SERVICE AREA 2

CENTRAL MASSACHUSETTS
HEALTH SYSTEMS AGENCY
11 GRANDE OFFICE BUILDING
415 BOSTON TURNPIKE
SHREWSBURY, MASSACHUSETTS 01545
(617)845-1066
ROBERT W. HIGGINS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2,3

SAMUEL HIBBARD
CHAIRPERSON, GOVERNING BODY
415 BOSTON TURNPIKE
SHREWSBURY, MASSACHUSETTS 01545

HEALTH SERVICE AREA 3

FERRIMACK VALLEY
HEALTH PLANNING COUNCIL, INC.
191 PARKER STREET
LOWENCE, MASSACHUSETTS 01843
(617)686-1621
LIMOND A. PERREGAUX, JR., EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,6

RAYMOND CANNON, JR.
CHAIRPERSON, GOVERNING BODY
30 FLORENCE ROAD
LOWELL, MASSACHUSETTS 01851

HEALTH SERVICE AREA 4

HEALTH PLANNING COUNCIL
FOR GREATER BOSTON
294 WASHINGTON STREET, SUITE 630
BOSTON, MASSACHUSETTS 02108
(617)426-2022
CHARLES DONAHUE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 4,7-12

VICTOR A. CAPOCCI
PRESIDENT, GOVERNING BODY
274 WASHINGTON ST., SUITE 630
BOSTON, MASSACHUSETTS 02108

MASSACHUSETTS

HEALTH SERVICE AREA 5

SOUTHEASTERN MASSACHUSETTS
HLTH. PLANNING & DEVELOPMENT, INC.
49 NORTH MAIN STREET
P.O. BOX 70
MIDDLEBORO, MASSACHUSETTS 02346
(617)947-6300
JOHN NAY, ACT. EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 3-12

HENRY ASHWORTH
PRESIDENT, GOVERNING BODY
P.O. BOX 641
FALL RIVER, MASSACHUSETTS 02720

HEALTH SERVICE AREA 6

NORTH SHORE HEALTH PLANNING COUNCIL
29 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(617)531-7006
EDWARD MARAKOVITZ, EXEC DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6,8

MILDRED SCHNEIGER
PRESIDENT, GOVERNING BODY
29 LOWELL STREET
PEABODY, MASSACHUSETTS 01960

MICHIGAN

HEALTH SERVICE AREA 1

COMPREHENSIVE HEALTH PLANNING COUNCIL
OF SOUTHEAST MICHIGAN
1200 BOOK BUILDING
DETROIT, MICHIGAN 48226
(313)964-6950
TERENCE CARROLL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2,6,12-19

KEVIN ANDERSON
PRESIDENT, GOVERNING BODY
3044 WEST GRAND, ROOM 3225
DETROIT, MICHIGAN 48202

MICHIGAN

HEALTH SERVICE AREA 2

MICHIGAN MID-SOUTH
HEALTH SYSTEMS AGENCY, INC.
528 MASON PLAZA
MASON, MICHIGAN 48854
(517)676-4046
GORDON SMITH, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-6

PAUL MCNAMARA
PRESIDENT, GOVERNING BODY
CLINTON MEMORIAL HOSPITAL
ST. JOHN, MICHIGAN 48879

HEALTH SERVICE AREA 3

SOUTHWEST MICHIGAN
HEALTH SYSTEMS AGENCY, INC.
6126 LDVERS LANE
KALAMAZOO, MICHIGAN 49002
(616)323-3410
ROBERT AZAR, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-5

CHARLES SEIFERT, MD
PRESIDENT, GOVERNING BODY
1013 NORTH AVENUE
BATTLE CREEK, MICHIGAN 49017

HEALTH SERVICE AREA 4

WEST MICHIGAN HEALTH SYSTEMS AGENCY
600 MONROE CENTER
300 PEOPLES BUILDING
GRAND RAPIDS, MICHIGAN 49503
(616)459-1323
PHILIP VAN HEEST, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,5,9,10

DONALD BIRTWISTLE
PRESIDENT, GOVERNING BODY
NORTH LAKE SHORE DRIVE
LUDINGTON, MICHIGAN 49431

HEALTH SYSTEMS AGENCIES

MICHIGAN

HEALTH SERVICE AREA 5

GENESEE, LAPEER & SHIAWASSEE
HEALTH SYSTEMS AGENCY
WALTER REUTHER BUILDING, ROOM 325
708 ROOT STREET
FLINT, MICHIGAN 48503
(313)238-0650
RONALD LIVINGSTON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 7,8,10

ANNE HAROENBURGH
CHAIRMAN, GOVERNING BODY
LAPEER CITY BANK & TRUST
P.O. BOX 126
LITICA, MICHIGAN 48412

HEALTH SERVICE AREA 6

EAST CENTRAL MICHIGAN HSA
1213 SOUTH WASHINGTON
SAGINAW, MICHIGAN 48601
(517)754-0421
EDWIN HURYSE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 7,8,10-12

WILLIAM HAITHCO
PRESIDENT, GOVERNING BODY
3401 DONCASTER COURT, N. APT. U-11
SAGINAW, MICHIGAN 48603

HEALTH SERVICE AREA 7

NORTHERN MICHIGAN HEALTH SYSTEM AGENCY
325 EAST LAKE STREET, HOLLYWOOD BLDG
PETOSKEY, MICHIGAN 49770
(616)347-7772
VICTOR SZTENGEL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 9-11

M. BARRETT VORCE
PRESIDENT, GOVERNING BODY
2448 RED APPLE ROAD
MANISTEE, MICHIGAN 49660

MICHIGAN

HEALTH SERVICE AREA 8

UPPER PENINSULA HEALTH SYSTEMS AGENCY
1500 WEST WASHINGTON STREET
MARQUETTE, MICHIGAN 49855
(906)228-7733
CHARLES LEMKE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 11

PAUL E. OAKE
CHAIRMAN, GOVERNING BODY
SOUTH NEWBERRY
NEWBERRY, MICHIGAN 49868

MINNESOTA

HEALTH SERVICE AREA 1 - INTERSTATE

(SEE NORTH DAKOTA AREA 2)

HEALTH SERVICE AREA 2

HSA OF WESTERN LAKE SUPERIOR, INC.
202 ORDEAN BUILDING
424 WEST SUPERIOR STREET
DULUTH, MINNESOTA 55802
(218)727-8371
FELIX SEREICKAS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,5,6,8 (MN)
7 (WI)

JOSEPH LEEK, MO
PRESIDENT, GOVERNING BODY
C/O DULUTH CLINIC
400 EAST THIRD COURT
DULUTH, MINNESOTA 55805

HEALTH SERVICE AREA 3 - INTERSTATE

(SEE NORTH DAKOTA AREA 3)

MINNESOTA

HEALTH SERVICE AREA 4

CENTRAL MINNESOTA HEALTH SYSTEM AGENCY
113 DIVISION STREET
SAUK RAPIDS, MINNESOTA 56379
(612)253-2930
GERALD J. WANTULOK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6-8

HOLLIS HELGESON
CHAIRMAN, GOVERNING BODY
520 N.E. 1ST STREET
SARTELL, MINNESOTA 56377

HEALTH SERVICE AREA 5

METROPOLITAN COUNCIL
300 METRO SQUARE BUILDING
7TH AND ROBERT STREET
ST. PAUL, MINNESOTA 55101
(612)291-6351
MALCOLM MITCHELL, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 1-6,8

CHARLES HEAVER
CHAIRPERSON, GOVERNING COUNCIL
5130 EMERSON SOUTH
MINNEAPOLIS, MINNESOTA 55419

HEALTH SERVICE AREA 6

MINNESOTA HEALTH SYSTEMS AGENCY SIX
208 EAST THIRD
P.O. BOX 156
REDWOOD FALLS, MINNESOTA 56283
(507)537-3575
BJORN LARSEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2,6,7

FATHER VIRGIL DUELLMAN
PRESIDENT, GOVERNING BODY
ST. MARY'S CHURCH
212 1ST STREET, N.E.
MADELIA, MINNESOTA 56062

MISSISSIPPI

HEALTH SERVICE AREA 1

MISSISSIPPI HEALTH SYSTEMS AGENCY, INC.
WATKINS BUILDING, SUITE 400
510 GEORGE STREET
JACKSON, MISSISSIPPI 39201
(601)948-8905
PHILIP W. LAIRD, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-5

HOWARD CLARK, MD
PRESIDENT, GOVERNING BODY
221 2ND STREET
MARTIN, MISSISSIPPI 39117

MONTANA

HEALTH SERVICE AREA 1

MONTANA HEALTH SYSTEMS AGENCY
GOLDBLOCK, 2ND FLOOR
HELENA, MONTANA 59601
(406)443-5565
JAMES H. FOLEY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

DR. PHILIP CATALFOMO
CHAIRMAN, GOVERNING BODY
33 WILLOWBROOK LAKE
MISSOULA, MONTANA 59801

NEVADA

HEALTH SERVICE AREA 1

GREATER NEVADA HEALTH SYSTEMS AGENCY
410 MILL STREET, SUITE 209
P. O. BOX 11795
RENO, NEVADA 89509-1795
(702)784-6190
MILTON GANN, EXEC. DIRECTOR
NON-PROFIT CORPORATION

RICHARD J. ALLEN
PRESIDENT, GOVERNING BODY
P.O. BOX 11795
RENO, NEVADA 89510

NEVADA

HEALTH SERVICE AREA 2

CLARK COUNTY HEALTH COALITION
HEALTH SYSTEMS AGENCY
2225 EAST FLAMINGO, SUITE 303
LAS VEGAS, NEVADA 89109
(702)735-2931
LAWRENCE MATHEIS, EXEC. DIRECTOR

CHARLES PERRY, JR.
CHAIRMAN, GOVERNING BODY
2225 EAST FLAMINGO, SUITE 303
LAS VEGAS, NEVADA 89109

NEW HAMPSHIRE

HEALTH SERVICE AREA 1

UNITED HEALTH SYSTEMS AGENCY, INC.
105 PLEASANT STREET, BOX 162
CONCORD, NEW HAMPSHIRE 03301
(603)228-1506
HENRY COE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

THOMAS P. AVALLONE
PRESIDENT, GOVERNING BODY
105 PLEASANT STREET, BOX 162
CONCORD, NEW HAMPSHIRE 03301

NEW JERSEY

HEALTH SERVICE AREA 1

BERGEN-PASSAIC HEALTH SYSTEMS AGENCY
TWO UNIVERSITY PLAZA
HACKENSACK, NEW JERSEY 07601
(201)646-9090
MARVIN H. BURTON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 7-9,11

JOHN E. CLARK
CHAIRPERSON, GOVERNING BODY
TWO UNIVERSITY PLAZA
HACKENSACK, NEW JERSEY 07601

NEW JERSEY

HEALTH SERVICE AREA 2

REGIONAL HEALTH PLANNING COUNCIL
EIGHT PARK PLACE
NEWARK, NEW JERSEY 07102
(201)622-3280
MARTIN PARKER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,11-13,15

DENNIS CHEROT
PRESIDENT, GOVERNING BODY
EIGHT PARK PLACE
NEWARK, NEW JERSEY 07102

HEALTH SERVICE AREA 3

HUDSON HEALTH SYSTEMS AGENCY
871 BERGEN AVENUE
JERSEY CITY, NEW JERSEY 07306
(201)451-5024
JESSE HUANG, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 9,10,14

HARRY ZONDLER
CHAIRMAN, GOVERNING BODY
PRUDENTIAL INSURANCE CO. OF AMERICA
111 DURHAM AVENUE
SOUTH PLAINFIELD, NEW JERSEY 07080

HEALTH SERVICE AREA 4

CENTRAL JERSEY HEALTH PLNG COUNCIL, I
CH 5259, ROUTE 1, SOUTH
PRINCETON, NEW JERSEY 08540
(609)452-2320
EDWARD J. PELOQUIN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2-6,13,15

ALBERT C. WAGNER
PRESIDENT, GOVERNING BODY
20 CLEMENT AVENUE
TRENTON, NEW JERSEY 08638

NEW JERSEY

HEALTH SERVICE AREA 5

SOUTHERN NEW JERSEY HLTH SYSTEMS AGENCY
SUITE 101, KOR-CENTER WEST
INTERSTATE INDUSTRIAL PARK, PO BOX 636
BELLMAIR, NEW JERSEY 08031
(609)933-0641
DANIEL APOSTOLU, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2,4,6

RALPH DEAN
PRESIDENT, GOVERNING BODY
P.O. BOX 636
BELLMAIR, NEW JERSEY 08031

NEW MEXICO

HEALTH SERVICE AREA 1

NEW MEXICO HEALTH SYSTEMS AGENCY
117 RICHMOND, N.E.
ALBUQUERQUE, NEW MEXICO 87106
(505)265-6769
RICHARD BRUSUELAS, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 1,2

TEX RITTERDUSH

CHAIRMAN, GOVERNING BODY
9211 HAINES AVENUE, NE
ALBUQUERQUE, NEW MEXICO 87112

HEALTH SERVICE AREA 2 - INTERSTATE

(SEE ARIZONA AREA 4)

NEW YORK

HEALTH SERVICE AREA 1

USA OF WESTERN NEW YORK, INC.
ELLICOTT SQUARE BLDG, SUITE 405
BUFFALO, NEW YORK 14203
(716)854-4312

BRIAN G. MCCRIDE, PHD, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 35-39

JERE NYSONG, PH.D., MD
CHAIRMAN, GOVERNING BODY
89 CENTRAL AVENUE
FREDONIA, NEW YORK 14063

NEW YORK

HEALTH SERVICE AREA 2

FINGERLAKES HEALTH SYSTEMS AGENCY
145 COLLEGE AVENUE
ROCHESTER, NEW YORK 14607
(716)461-3980
CLAIRE LOVINSKI, EXEC DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 27,33-36,39

THOMAS SCADAMORE
CHAIRMAN, GOVERNING BODY
LAYNE BOCES
STANLEY, NEW YORK 14561

HEALTH SERVICE AREA 3

CENTRAL NEW YORK HLTH SYSTEMS AGENCY
840 JAMES ST.
SYRACUSE, NEW YORK 13203
(315)478-0984
JOHN GAEZZA, ED.D, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 27,29,30,32,33

JOHN C. KIECHLE

PRESIDENT, GOVERNING BODY
840 JAMES STREET
SYRACUSE, NEW YORK 13203

HEALTH SERVICE AREA 4

NY-PENN HEALTH SYSTEMS AGENCY
306 PRESS BUILDING
19 CHEHANGO STREET
BINGHAMTON, NEW YORK 13901
(607)722-3445
DEWISE MURRAY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 27,32 (NY)
10,11 (PA)

ROBERT WESTKAEMPER
PRESIDENT, GOVERNING BODY
19 SUNNYSIDE DRIVE
OSUEGO, NEW YORK 13827

NEW YORK

HEALTH SERVICE AREA 5

HEALTH SYSTEMS AGENCY
OF NORTHEASTERN NEW YORK, INC
75 NEW SCOTLAND AVENUE
ALBANY, NEW YORK 12238
(518)445-0511
BRUCE STANLEY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 27-32

ROBERT OSBORNE
PRESIDENT, GOVERNING BODY
75 NEW SCOTLAND AVE.
ALBANY, NEW YORK 12208

HEALTH SERVICE AREA 6

HUDSON VALLEY HEALTH SYSTEMS AGENCY
STERLING LAKE ROAD
P.O. BOX 696
TUXEDO, NEW YORK 10987
(914)351-5146
REGINA KELLY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 23-27

BERNARD HARDEL
PRESIDENT, GOVERNING BODY
53 ACADEMY ST.
P.O. BOX 709
POUGHKEEPSIE, NEW YORK 12601

HEALTH SERVICE AREA 7

HEALTH SYSTEMS AGENCY OF NEW YORK
817 BROADWAY
NEW YORK, NEW YORK 10003
(212)460-9300
ANTHONY L. WATSON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6-23

MARIE WALSH
CHAIRMAN, GOVERNING BODY
817 BROADWAY
NEW YORK, NEW YORK 10003

NEW YORK

HEALTH SERVICE AREA 8

NASSAU-SUFFOLK HEALTH SYSTEMS AGENCY
1537 OLD COUNTRY ROAD
PLAINVIEW, NEW YORK 11803
(516)752-1700
DANIEL T. MCGOWAN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-7

HOWARD SCHINEK, DPM
PRESIDENT, GOVERNING BODY
380 OCEAN AVENUE
NASSAUPEQUA, NEW YORK 11758

NORTH CAROLINA

HEALTH SERVICE AREA 1

WESTERN NORTH CAROLINA
HEALTH SYSTEMS AGENCY
1 NORTH SQUARE
MORGANTON, NORTH CAROLINA 28655
(704)433-1636
CHARLES F. MOELLER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,10,11

BARRY ELLEDGE, PHD
PRESIDENT, GOVERNING BODY
P.O. BOX 204
BOONE, NORTH CAROLINA 28607

HEALTH SERVICE AREA 2

PIEDMONT HEALTH SYSTEMS AGENCY, INC.
2120 PINECROFT ROAD
GREENSBORO, NORTH CAROLINA 27407
(919)294-5831
GLORIA HAYNES, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2,4-6,8

CALVIN NICHOLS
CHAIRMAN, GOVERNING BODY
1504 FOREST VALLEY ROAD
GREENSBORO, NORTH CAROLINA 27410

NORTH CAROLINA

HEALTH SERVICE AREA 3

SOUTHERN PIEDMONT
HEALTH SYSTEMS AGENCY
ONE CHARLOTTETOWN CENTER
1300 BAXTER STREET, SUITE 425
P.O. BOX 35588
CHARLOTTE, NORTH CAROLINA 28235
(704)372-8494
EUGENE GOELLER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 8-10

HARRY SIFFORD
CHAIRMAN, GOVERNING BODY
301 LEGION STREET
P.O. BOX 357
GRANITE QUARRY, NORTH CAROLINA 28072

HEALTH SERVICE AREA 4

CAPITAL HEALTH SYSTEMS AGENCY, INC.
NORTH DUKE MALL
3600 NORTH DUKE STREET
DUSHAM, NORTH CAROLINA 27704
(919)477-9881
GEORGE M. STOCKBRIDGE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2-4

B. FRED BROWN
CHAIRPERSON, GOVERNING BODY
VA HOSPITAL, 508 FULTON STREET
DURHAM, NORTH CAROLINA 27705

HEALTH SERVICE AREA 5

CARDINAL HEALTH AGENCY, INC.
401 EAST 11TH STREET
LUMBERTON, NORTH CAROLINA 28358
(919)738-9316
EDNA L. NELSON, INT. COORDINATOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,7,8

WILBUR MASTERS
CHAIRMAN, GOVERNING BODY
310 THORNCLIFF DRIVE
FAYETTEVILLE, NORTH CAROLINA 28303

NORTH CAROLINA

HEALTH SERVICE AREA 6

EASTERN CAROLINA HEALTH SYSTEMS AGCY
SUITE 405, MINGES BUILDING
301 SOUTH EVANS STREET
GREENVILLE, NORTH CAROLINA 27834
(919)758-1372
ROY SELBY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-3

JOHN MCCAIN, MD
CHAIRMAN, GOVERNING BODY
1704 SOUTH TARBORO STREET
WILSON, NORTH CAROLINA 27893

NORTH DAKOTA

HEALTH SERVICE AREA 2

ACASSIZ HEALTH SYSTEMS AGENCY
31 SOUTH 3RD, BOX 129
GRAND FORKS, NORTH DAKOTA 58201
(701)746-0441
TIMOTHY L'ANGELIERS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 1 (ND), 7 (MN)

JOHN VENNES, PHD
CHAIRMAN, GOVERNING BODY
UNIV. OF N. DAKOTA MEDICAL SCHOOL
GRAND FORKS, NORTH DAKOTA 58202

HEALTH SERVICE AREA 3

MIN-DAK HEALTH SYSTEMS AGENCY, INC.
1117 13TH AVENUE, NORTH
FARGO, NORTH DAKOTA 58102
(701)280-0002
BARBARA CAPERS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1 (ND), 7 (MN)

LAURENCE IVERSON
CHAIRMAN, GOVERNING BODY
BOX 381
FERGUS FALLS, NORTH DAKOTA 56537

HEALTH SYSTEMS AGENCIES

OKLAHOMA

HEALTH SERVICE AREA 1

OKLAHOMA HEALTH SYSTEMS AGENCY
4500 LINCOLN BLVD.
OKLAHOMA CITY, OKLAHOMA 73105
(405)424-5591
HOWARD H. VINCENT, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-6

JOHN COFFEY
CHAIRMAN, GOVERNING BODY
3401 WEST GORE BOULEVARD
LAWTON, OKLAHOMA 73501

OREGON

HEALTH SERVICE AREA 1

NORTHWEST OREGON HEALTH SYSTEMS AGENCY
5201 S.W. WESTGATE DRIVE
PORTLAND, OREGON 97221
(503)297-2241
RICHARD A. RIX, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-3

DALE WEINBERG
PRESIDENT, GOVERNING BODY
ROUTE 5, BOX 181
HILLSBOROUGH, OREGON 97123

HEALTH SERVICE AREA 2

WESTERN OREGON HEALTH SYSTEMS AGENCY
99 WEST TENTH AVENUE, ROOM 3378
EUGENE, OREGON 97401
(503)484-9311
ROBERT CAULK, DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2,4

MIKE MCCRAKEN
PRESIDENT, GOVERNING BODY
P.O. BOX 100
ALBANY, OREGON 97321

OREGON

HEALTH SERVICE AREA 3

EASTERN OREGON HEALTH SYSTEMS AGENCY
P.O. BOX 520
REDMOND, OREGON 97756
(503)548-5185
DEBBIE DUNNE, ACT. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 2

LAWRENCE ANTHONY
PRESIDENT, GOVERNING BODY
C/O MOUNTAIN VIEW HOSPITAL
1270 A STREET
MADRAS, OREGON 97741

PENNSYLVANIA

HEALTH SERVICE AREA 1

HEALTH SYSTEMS AGCY OF SOUTHEASTERN PA
1616 WALNUT STREET
PHILADELPHIA, PENNSYLVANIA 19103
(215)546-1616
GERALD R. GILL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-4,13

WILLIAM T. SAMUELS
PRESIDENT, GOVERNING BODY
2030 NORTH 32ND STREET
PHILADELPHIA, PENNSYLVANIA 19121

HEALTH SERVICE AREA 2

HEALTH SYSTEMS COUNCIL
OF EASTERN PENNSYLVANIA, INC.
546 HAMILTON STREET, 4TH FLOOR
ALLENTOWN, PENNSYLVANIA 18101
(215)432-2575
PETER D. ARCHIE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6,10,11,15

WILLIAM MASON
CHAIRMAN, GOVERNING BODY
SCHOENERSVILLE ROAD
BETHLEHEM, PENNSYLVANIA 18017

PENNSYLVANIA

HEALTH SERVICE AREA 3

HEALTH SYSTEMS AGENCY
OF NORTHEASTERN PENNSYLVANIA, INC.
WARM BUILDING
AVUCA, PENNSYLVANIA 18641
(717)655-3703
GEORGE E. KAUFMANN III, EXEC DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6,10,11

ROBERT NOLAN, ESQ.
PRESIDENT, GOVERNING BODY
POST OFFICE 1 FEDERAL BUILDING
SCRANTON, PENNSYLVANIA 18501

HEALTH SERVICE AREA 4

HEALTH RESOURCES PLANNING
AND DEVELOPMENT, INC.
4751 LINDLE AVENUE, SUITE 142
HARRISBURG, PENNSYLVANIA 17111
(717)761-3252
AMBROSE POTRZEBOWSKI, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6,9,16,17,19

CAROL CRAWSHAW
CHAIRPERSON, GOVERNING BODY
221 NORTH 2ND STREET
HARRISBURG, PENNSYLVANIA 17101

HEALTH SERVICE AREA 5

CENTRAL PENNSYLVANIA
HEALTH SYSTEMS AGENCY, INC.
400 MARKET STREET, 3RD FLOOR
LEWISBURG, PENNSYLVANIA 17837
(717)524-2266
WILLIAM R. LEPAGE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 9,11,12,17,23

JANE GITTLER
CHAIRMAN, GOVERNING BODY
480 CENTRAL ROAD
BLOOMSBURG, PENNSYLVANIA 17815

PENNSYLVANIA

HEALTH SERVICE AREA 6

HEALTH SYSTEMS AGENCY
OF SOUTHWESTERN PENNSYLVANIA, INC.
650 SMITHFIELD STREET, SUITE 620
PITTSBURGH, PENNSYLVANIA 15222
(412)562-1811
JOHN W. CLEM, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 12,14,18,20-22,25

WILLIAM J. COPELAND
CHAIRMAN, GOVERNING BODY
PITTSBURGH NATIONAL BLDG., 2ND FLOOR
5TH & 100CD STREETS
PITTSBURGH, PENNSYLVANIA 15222

HEALTH SERVICE AREA 8 - INTERSTATE

(SEE NEW YORK AREA 4)

HEALTH SERVICE AREA 9

KEYSTONE HEALTH SYSTEMS AGENCY
EXECUTIVE HOUSE
615 HOWARD AVENUE
ALTOONA, PENNSYLVANIA 16601
(814)946-3641
JOHN J. SCHRAFF, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 9,12

LARRY PION, PHD
PRESIDENT, GOVERNING BODY
COLLEGE HEIGHTS
LORETTA, PENNSYLVANIA 15940

SOUTH CAROLINA

HEALTH SERVICE AREA 1

S. CAROLINA APPALACHIAN HLTH COUNCIL
211 CENTURY DRIVE, BUILDING D
P.O. BOX 6708
GREENVILLE, SOUTH CAROLINA 29606
(803)242-1895
JAMES F. KEASLER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-5

FREDERICK G. PHILLIPS, MD
CHAIRMAN, GOVERNING BODY
157 CATAUBA STREET
SPARTANBURG, SOUTH CAROLINA 29303

HEALTH SERVICE AREA 2

THREE RIVERS HLTH SYSTEMS AGENCY, INC.
3325 MEDICAL PARK ROAD
COLUMBIA, SOUTH CAROLINA 29203
(803)779-6790
DENNIS CALDWELL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2,3,5

ANNE MOYE, R.N.

CHAIRMAN, GOVERNING BODY
P.O. BOX 575
WEST COLUMBIA, SOUTH CAROLINA 29169

HEALTH SERVICE AREA 3

PEE DEE REG HLTH SYSTEMS AGENCY, INC.
910 WEST LUCAS STREET
P.O. BOX 5959
FLORENCE, SOUTH CAROLINA 29502 - 2959
(803)669-1347
GLEN C. LANE, ACT. EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,6

CLIFFORD MAYS, JR.
CHAIRMAN, GOVERNING BODY
410 HILDWOOD DRIVE
QUINBY, SOUTH CAROLINA 29501

SOUTH CAROLINA

HEALTH SERVICE AREA 4

PALMETTO-LOWCOUNTRY HSA, INC.
107 WEST 6TH NORTH STREET
SUMMERVILLE, SOUTH CAROLINA 29483
(803)871-0350
LYNN BEASLEY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

D. WAYNE WHITSELL, MD
PRESIDENT, GOVERNING BODY
595 CAROLINA, N.E.
ORANGEBURG, SOUTH CAROLINA 29115

HEALTH SERVICE AREA 5 - INTERSTATE

(SEE GEORGIA AREA 4)

SOUTH DAKOTA

HEALTH SERVICE AREA 1

SOUTH DAKOTA HLTH SYSTEMS AGENCY
200 WEST MAIN
VERMILLION, SOUTH DAKOTA 57069
(605)624-4446
WALTON H. SPRINGALL, JR., EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

LARRY POTTER
CHAIRMAN, GOVERNING BODY
1047 KINGSBURY
BELLE FOURCHE, SOUTH DAKOTA 57717

HEALTH SYSTEMS AGENCIES

TENNESSEE

HEALTH SERVICE AREA 1

ARCHA HEALTH SYSTEMS AGENCY
P.O. BOX 600
JACKSON CITY, TENNESSEE 37601
(615)929-0193
DAVID PARKER, ACT. EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1 (TN), 9 (VA)

PATRICIA WERTH
PRESIDENT, GOVERNING BODY
ROUTE 1, BOX 252
DINGDON, VIRGINIA 24210

HEALTH SERVICE AREA 2

EAST TENNESSEE
HEALTH IMPROVEMENT COUNCIL, INC.
P.O. BOX 11348
KNOXVILLE, TENNESSEE 37919
(615)690-8630
CHRIS TILLER, ACT. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-3

MARIA COLLINS
PRESIDENT, GOVERNING BODY
1740 LINDA LANE
MARYVILLE, TENNESSEE 37801

HEALTH SERVICE AREA 4

MIDDLE TENN HEALTH SYSTEM AGENCY, INC.
2 INTERNATIONAL PLAZA DRIVE, SUITE 200
NASHVILLE, TENNESSEE 37217
(615)361-8100
ROBERT E. MORRIS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 4-7

CARLTON MORRIS
PRESIDENT, GOVERNING BODY
2 INTERNATIONAL PLAZA DRIVE, SUITE 200
NASHVILLE, TENNESSEE 37217

UTAH

HEALTH SERVICE AREA 1

UTAH HEALTH SYSTEMS AGENCY
UNIVERSITY CLUB BLDG.
136 EAST SOUTH TEMPLE
SALT LAKE CITY, UTAH 84111
(801)581-3676
STEVE BONEY, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 1,2

D. HOUSTON, MD
CHAIRMAN, GOVERNING BODY
UNIVERSITY CLUB BLDG.
136 EAST SOUTH TEMPLE
SALT LAKE CITY, UTAH 84111

HEALTH SERVICE AREA 2 - INTERSTATE

(SEE ARIZONA AREA 4)

VERMONT

HEALTH SERVICE AREA 1

VERMONT HEALTH POLICY CORPORATION
103 SOUTH MAIN STREET
WATERBURY, VERMONT 05676
(802)241-2920
PAUL WALLACE-BRODEUR, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS AT LARGE

JEAN L. MCKENNY
CHAIRMAN, GOVERNING BODY
P.O. BOX 156
DERBY, VERMONT 05829

VIRGINIA

HEALTH SERVICE AREA 1

NORTHWESTERN VIRGINIA
HEALTH SYSTEMS AGENCY, INC.
BLUERIDGE HOSPITAL
CHARLOTTESVILLE, VIRGINIA 22901
(804)977-6010
THOMAS R. DERNIER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,6,7,8

EDA KENDALL
PRESIDENT, GOVERNING BODY
6421 PLANK ROAD
FREDERICKSBURG, VIRGINIA 22401

HEALTH SERVICE AREA 2

HEALTH SYSTEMS AGENCY
FOR NORTHERN VIRGINIA, INC.
7245 ARLINGTON BLVD., SUITE 300
FALLS CHURCH, VIRGINIA 22042
(703)573-3100
DEAN MONTGOMERY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 8,10

MARK MELCHER
CHAIRPERSON, GOVERNING BODY
7245 ARLINGTON BLVD., SUITE 300
FALLS CHURCH, VIRGINIA 22042

HEALTH SERVICE AREA 3

SOUTHWEST VIRGINIA
HEALTH SYSTEMS AGENCY, INC.
602 SOUTH JEFFERSON ST., SUITE 601
ROANOKE, VIRGINIA 24011
(703)982-2304
FRANK H. MAYS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,6,9

S. J. JOHNSON
PRESIDENT, GOVERNING BODY
200 ACADEMY DRIVE
GALAX, VIRGINIA 22406

VIRGINIA

HEALTH SERVICE AREA 4

CENTRAL VIRGINIA HEALTH SYSTEMS AGENCY
BLUE CROSS/BLUE SHIELD BUILDING
2015 STAPLES MILL ROAD, ROOM 419
RICHMOND, VIRGINIA 23230
(804)355-5723
MICHAEL R. OSORIO, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,3-5,7

VIRGINIA A. CROCKFORD
PRESIDENT, GOVERNING BODY
4703 SYLVAN ROAD
RICHMOND, VIRGINIA 23230

HEALTH SERVICE AREA 5

EASTERN VIRGINIA HEALTH SYSTEMS AGENCY
11 KOGER EXECUTIVE CENTER, SUITE 203
NORFOLK, VIRGINIA 23502
(804)461-1236
PAUL M. BOYNTON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2,4

JESS P. MILLER, MD
PRESIDENT, GOVERNING BODY
2019 CUNNINGHAM DRIVE
HAMPTON, VIRGINIA 23666

HEALTH SERVICE AREA 6 - INTERSTATE

(SEE TENNESSEE AREA 1)

WASHINGTON

HEALTH SERVICE AREA 1

PUGET SOUND HEALTH SYSTEMS AGENCY
601 VALLEY STREET
SEATTLE, WASHINGTON 98109
(206)464-6143
THOMAS L. HALL, MD, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-3,6,7

JOHNIE SARDAHL
PRESIDENT, GOVERNING BODY
1514 200TH STREET, S.W.
ALDERHOOD, WASHINGTON 98036

WASHINGTON

HEALTH SERVICE AREA 2

SOUTHWEST WASHINGTON HLTH SYSTEMS AGCY
505 WEST FOURTH
OLYMPIA, WASHINGTON 98501
(206)753-8137
JOHN MCKENNA, DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,4

PAT LIBBEY
CHAIRPERSON, GOVERNING BODY
522 WEST FOURTH AVENUE
OLYMPIA, WASHINGTON 98501

HEALTH SERVICE AREA 3

CENTRAL WASHINGTON HLTH SYSTEMS AGCY
P.O. BOX 337
ELLENSBURG, WASHINGTON 98926
(509)925-1491
CLIFFORD L. M. CARPENTER, DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 4,5

JOANNE PETERSEN
PRESIDENT, GOVERNING BODY
BOX 1413
MUSE'S LAKE, WASHINGTON 98837

HEALTH SERVICE AREA 4

EASTERN WASHINGTON HLTH SYSTEMS AGCY
WEST 1728 JACKSON
SPOKANE, WASHINGTON 99205
(509)456-3178
NICK BEAHER, ACT. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICT 5

MARY C. RUUD
PRESIDENT, GOVERNING BODY
501 THIRD
SPRAGUE, WASHINGTON 99032

WISCONSIN

HEALTH SERVICE AREA 1

HEALTH PLANNING COUNCIL, INC.
995 APPLEGATE ROAD
MADISON, WISCONSIN 53713
(608)273-1809
PAUL FLEER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-3,9

GEORGE HANDY, MD
PRESIDENT, GOVERNING BODY
6 WHITCOMB CIRCLE, APT. 4
MADISON, WISCONSIN 53711

HEALTH SERVICE AREA 2

SOUTHEASTERN WISCONSIN
HEALTH SYSTEMS AGENCY, INC.
735 NORTH 5TH STREET
MILWAUKEE, WISCONSIN 53203
(414)271-9788
RUSSELL JULIAN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,4,5,9

DONALD W. FUNDINGSLAND
PRESIDENT, GOVERNING BODY
725 AMERICAN AVENUE
WAUKESHA, WISCONSIN 53186

HEALTH SERVICE AREA 5

WESTERN WISCONSIN HEALTH SYSTEMS AGENCY
1707 MAIN STREET
LACROSSE, WISCONSIN 54601
(608)785-9352
VAL CHILSEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,6,7

ELLEN SMITH
PRESIDENT, GOVERNING BODY
939 WEST MAPLE STREET
RIVER FALLS, WISCONSIN 54022

WISCONSIN

HEALTH SERVICE AREA 6

NORTH CENTRAL AREA
HEALTH PLANNING ASSOCIATION
400 EAST THOMAS STREET
WAUSAU, WISCONSIN 54401
(715)845-3107
GEORGE SNYDER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6-8

ROBERT POLLOCK
PRESIDENT, GOVERNING BODY
1800 NORTH POINT DRIVE
STEVENS POINT, WISCONSIN 54481

HEALTH SERVICE AREA 7 - INTERSTATE

(SEE MINNESOTA AREA 2)

STATE HEALTH PLANNING AND DEVELOPMENT AGENCIES
SHPDA TOTAL = 57

ALABAMA - IV

HEALTH PLANNING & DEVELOPMENT AGCY
125 6TH STREET
NORTH MONTGOMERY, ALABAMA 36104
(205)832-5994
ALAN KOCH, DIRECTOR

ALASKA - X

OFFICE OF STATE HEALTH
PLANNING AND DEVELOPMENT
DEPARTMENT OF HEALTH & SOCIAL SERVICES
POUCH H OIA
JUNEAU, ALASKA 99811
(907)465-3038
DAN MIDDLETON, DIRECTOR

AMERICAN SAMOA - IX

AMERICAN SAMOA HEALTH PLANNING
AND DEVELOPMENT AGENCY
DEPT. OF MEDICAL SERVICES
L.B.J. TROPICAL MEDICAL CENTER
PAGO PAGO, AMERICAN SAMOA 96799
633-5743 (INTERNATIONAL OPER 160 + 684)
CHARLES MCCUDDIN, DIRECTOR

ARIZONA - IX

DIVISION OF HEALTH RESOURCES
ARIZONA DEPARTMENT OF HEALTH SERVICES
1740 WEST ADAMS STREET, ROOM 101
PHOENIX, ARIZONA 85007
(602)255-1024
DONALD B. MATHIS, ACT. DIRECTOR

ARKANSAS - VI

ARKANSAS STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY
4815 WEST MARKHAM STREET
LITTLE ROCK, ARKANSAS 72201
(501)661-2196
JOEL NORTH, DIRECTOR

CALIFORNIA - IX

OFFICE OF STATEWIDE HLTH PLNG & DVLPMT
CALIFORNIA STATE DEPARTMENT OF HEALTH
1600 9TH STREET, ROOM 402
SACRAMENTO, CALIFORNIA 95814
(916)445-1945
LARRY MECKS, DIRECTOR

COLORADO - VIII

COLORADO STATE HEALTH PLANNING
& DEVELOPMENT AGENCY
4210 EAST 11TH AVENUE, ROOM 355
DENVER, COLORADO 80220
(303)320-8333
ELIZABETH DICHTER, DIRECTOR

CONNECTICUT - I

BUREAU OF HLTH PLNG RESOURCE DEVELOPMENT
CONNECTICUT STATE DEPARTMENT OF HEALTH
79 ELIN STREET
HARTFORD, CONNECTICUT 06106
(203)566-7886
SUSAN S. ADOISS, CHIEF

DELAWARE - III

BUREAU OF HLTH PLNG & RESOURCE DVLPMT
DEPARTMENT OF HLTH AND SOCIAL SERVICES
JESSE S. COOPER BUILDING
DOVER, DELAWARE 19901
(302)736-4776
AMOS BURKE, DIRECTOR

DISTRICT OF COLUMBIA - III

OFFICE OF STATE AGENCY AFFAIRS
DEPT OF HUMAN SERVICES
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#45 Northern Metropolitan New York	John H Dillon	914-941-1710
#62 Western New York	John T Ormond	716-887-4618
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#47 Appalachian, Pennsylvania	James A Jakubek	215-378-2000
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#17 Southwestern, Pennsylvania	G Rodney Wolford	412-665-3571
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#66 Washington Metropolitan	Frances C Engoron	202-296-0800
#28 Virginia	L Darrell Powers	804-528-2000
#27 North Carolina	Warren E Taylor	919-229-2600
#34 West Virginia	Gary R Gould	304-233-8630
#70 Kentucky	John E Yeager	502-583-0251
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#39 Georgia	James R Lowery	912-985-3420
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#56 Alabama	James E Rowell	205-254-6156
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<u>Chapter</u>	<u>President</u>	<u>Phone No.</u>
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